



Community Bible Church 541.593.8341
 P.O. Box 4278, Sunriver, OR 97707; children@cbchurchsr.org

Vacation Bible School 2019 Registration

July 22 – July 26 from 9 am to noon; 4 year olds to 6th grade
 (Circle grade for Fall 2019) Willing to help our VBS ministry?
 Suggested donation of \$5 per child is appreciated, but not required.

Child's Name _____ PreSch K 1 2 3 4 5 6 Birthdate _____

Child's Name _____ PreSch K 1 2 3 4 5 6 Birthdate _____

Child's Name _____ PreSch K 1 2 3 4 5 6 Birthdate _____

Child's Name _____ PreSch K 1 2 3 4 5 6 Birthdate _____

Local Street Address _____ CITY _____ STATE _____ ZIP _____

Mailing Address (if different from above) _____ CITY _____ STATE _____ ZIP _____

Email Address: _____

Church Affiliation/Home Church _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact, Name _____ Phone _____

Any Medications Being Taken? _____

Any Allergies? _____ Any Activity Restrictions? _____

I learned about VBS through (circle one) church bulletin a friend signs ad/flyer TV Ch4

LIABILITY RELEASE

I, _____, the parent or guardian (circle one) fully consent to

_____ (child's name)

_____ (child's name)

_____ (child's name)

_____ (child's name)

participating in Vacation Bible School 2019 sponsored by Community Bible Church at Sunriver, Oregon. I HEREBY indemnify and release Community Bible Church and its pastors, elders, affiliates, directors, and agents from any and all civil liability, claims or lawsuits. This authorization shall remain in effect through July 26, 2019, unless sooner revoked in writing and delivered to said agents associated with the aforesaid activity

Signature of Parent or Legal Guardian _____ Date _____

AUTHORIZATION TO PROVIDE TREATMENT

I, the undersigned, do hereby authorize COMMUNITY BIBLE CHURCH as agents for the undersigned to seek medical care for my child and consent to X-ray, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision any physician and/or surgeon licensed under the provisions of the PHYSICIANS AND SURGEONS ACT and on the medical staff of a licensed hospital, whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that every effort will be made to contact me in any emergency. It is also understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician, in the exercise of his/her best judgment may deem necessary and advisable. Furthermore, the services of the Sunriver Fire Department medical personnel are specifically deemed covered by this authorization.

Signature of Parent or Legal Guardian _____ Date _____



PHOTO RELEASE FORM

From time to time we take pictures during church activities. We request your permission to use these pictures on our website and church publications (such as bulletins/newsletters/postcards). Pictures would be selected to highlight activities or other church activities. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used by Community Bible Church at Sunriver to show the many ways our children and youth can have fun while participating in CBC events!

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant permission to use photos of my child on Community Bible Church at Sunriver website and church publications (such as bulletins/newsletters/postcards).

_____ NO. Please do NOT take or use any photos of my child. Note: Parents/Guardians please submit a recent photo of your child for reference purposes only and attach to this registration.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent/Guardian's Name (PLEASE PRINT):

Parent/Guardian's Signature:

Date: _____

For questions or concerns about this form, please feel free to contact CBC Director of Children's Ministries at children@cbchurchsr.org or 541-593-8341. Thank You!