



Vacation Bible School Registration Form



June 24-June 28/ 9:00am-12:00 Noon
Open to 4 year olds - 6th Graders (Fall 2019)

(Please use one form per family - please complete and return to Grace Point Church. Refunds only available **before June 1st, 2019**)

Parent Contact Name (Last, First): _____, _____

Email address: _____ Home church: Grace Point__ Other__ None__

Parent's Cell (_____) _____ Home telephone: (_____) _____

I have read and signed the GPC Medical & Liability Release Agreement for Grace Point Church.

Parent Signature: _____ Date: _____

Child's Name (First & Last): _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Date of Birth: ____/____/____ Age (on 6/25/19): ____ Grade (Fall 2019): ____	T-SHIRT SIZE: <input type="checkbox"/> Youth X-Small (3-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (5-6) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (7-8) <input type="checkbox"/> Youth Large (9-11)	Registration Fee: Regular: \$65
Child's Name (First & Last): _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Date of Birth: ____/____/____ Age (on 6/25/19): ____ Grade (Fall 2019): ____	T-SHIRT SIZE: <input type="checkbox"/> Youth X-Small (3-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (5-6) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (7-8) <input type="checkbox"/> Youth Large (9-11)	Registration Fee: Regular: \$65
Child's Name (First & Last): _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Date of Birth: ____/____/____ Age (on 6/25/19): ____ Grade (Fall 2019): ____	T-SHIRT SIZE: <input type="checkbox"/> Youth X-Small (3-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (5-6) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (7-8) <input type="checkbox"/> Youth Large (9-11)	Registration Fee: Regular: \$65
Additional Amount For Scholarship Donation (optional):		\$
Total Amount Enclosed:		\$

GPC Office Use Only:	Date Paid: _____	Cash / Check # _____	Total Amount Paid: _____
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Medical and Liability Release Form

Please complete and return to Grace Point Church

ALL INFORMATION IS FOR EMERGENCY PURPOSES ONLY & WILL BE KEPT CONFIDENTIAL.
ONE FORM PER FAMILY - PLEASE PRINT LEGIBLY.

FAMILY LAST NAME: _____ Home Phone: (____) _____
Address: _____ Work Phone: (____) _____
City, State, Zip: _____ Cell Phone: (____) _____
Parent(s) / Guardian(s) living with Minor(s): _____
In emergency please notify: _____ Phone: (____) _____
Family doctor: _____ Phone: (____) _____
Medical Insurance Company: _____ Policy # _____

Name of Child #1: _____	Gender: Boy ____ Girl ____		
Date of Birth: ____ - ____ - _____	Age: _____		
Grade in school: _____			
Name of School: _____			
Health History / Allergies (explanation on reverse, as needed):			
___ Drugs	___ Diabetes	___ Epilepsy	___ Frequent upset stomach
___ Hay Fever	___ Heart condition	___ Insect stings	___ Physical handicap
___ Chronic asthma	___ Frequent colds	___ A.D.D.	___ Other (explain on reverse)
Current Medications: _____			

Name of Child #2: _____	Gender: Boy ____ Girl ____		
Date of Birth: ____ - ____ - _____	Age: _____		
Grade in school: _____			
Name of School: _____			
Health History / Allergies (explanation on reverse, as needed):			
___ Drugs	___ Diabetes	___ Epilepsy	___ Frequent upset stomach
___ Hay Fever	___ Heart condition	___ Insect stings	___ Physical handicap
___ Chronic asthma	___ Frequent colds	___ A.D.D.	___ Other (explain on reverse)
Current Medications: _____			

Name of Child #3: _____	Gender: Boy ____ Girl ____		
Date of Birth: ____ - ____ - _____	Age: _____		
Grade in school: _____			
Name of School: _____			
Health History / Allergies (explanation on reverse, as needed):			
___ Drugs	___ Diabetes	___ Epilepsy	___ Frequent upset stomach
___ Hay Fever	___ Heart condition	___ Insect stings	___ Physical handicap
___ Chronic asthma	___ Frequent colds	___ A.D.D.	___ Other (explain on reverse)
Current Medications: _____			

GPC MEDICAL & LIABILITY RELEASE AGREEMENTS

I. MEDICAL RELEASE AGREEMENT

As the parent(s) / guardian(s) ("Undersigned") of the above-named child ("Minor"), the Undersigned are responsible for the health care decisions of the Minor and is/are authorized to give consent for medical treatment to be provided to the Minor. The Undersigned represents that no other consent from any other person(s) is/are required by law.

The Undersigned do hereby authorize Grace Point Church ("GPC") as agents for the Undersigned, to consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital care of the Minor, which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act (Business & Professions Code Sections 2000-2029) and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood and agreed that this authorization is given in advance of specific diagnosis, treatment or hospital care being required and is given to provide GPC with the authority and power to give specific consent to any and all such diagnosis or treatment deemed advisable for the Minor. This authorization is given pursuant to Sections 6910 and 6550 of the California Family Code and shall remain effective until December 31, 2019 unless revoked sooner in writing delivered to and received by GPC.

It is also understood and agreed that the Undersigned is/are responsible for all costs relating to the necessary medical treatment, whether through insurance or other means, and that GPC does not provide medical insurance coverage and is not responsible for any costs relating to medical treatment of the Minor.

In addition to the above, the Undersigned agree(s) to allow the Minor to be photographed and/or videotaped for official publication purposes relating to GPC (flyers, brochures, web site, etc.).

II. LIABILITY RELEASE AGREEMENT

The Undersigned hereby release(s), waive(s), and discharge(s) GPC, its officers, agents, employees and representatives (hereinafter "Releasees") from any and all liability, responsibility, damages, losses, and claims resulting from personal injury, accidents, and/or property loss caused in any manner, including the simple, active or passive negligence of Releasees, arising from or related to Minor's participation in GPC activities.

The Undersigned further understand(s) and expressly agree(s) that the foregoing Medical Release Agreement and Liability Release Agreement ("Release Agreement") is intended to be as broad and inclusive as is permitted by the laws of the State of California, including without limitation California Probate Code section 3500, *et seq.*, and that if any portion of the Release Agreement is found invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full legal force and effect.

The Undersigned has/have carefully read this Release Agreement and fully understand its contents. The Undersigned is/are aware that this is a release of liability and a consent to medical services, and further understand that the Undersigned is/are giving up substantial legal rights. The Undersigned is/are not relying on any representation by GPC which is not set forth herein, and further understand(s) that any modification to this Release Agreement must be made by GPC in writing. The Undersigned agree(s) to sign for the Minor listed on this form and will update this form as information changes.

Signature _____ Relationship to Minor _____ Date _____

Explanation from previous page, as needed: _____

