

WESTMINSTER PRESBYTERIAN CHURCH

VACATION BIBLE SCHOOL

"Discovery Canyon"

August 10 – 14

Hours: 9:00 – 12:00

Cost: \$25. per child

REGISTRATION PERMISSION-RELEASE FORM – RETURN BY JULY 31

Name of Parent(s)/Guardian (please print): _____

Address _____
Street _____ *City* _____ *Zip* _____

E-MAIL: _____

Phone: Home _____ (Wk) Father _____ (Wk) Mother _____

(Cell) Father _____ (Cell) Mother _____

I am available to assist leaders in the mornings (9:00-12:00): Mon. _____ Tues. _____ Wed. _____ Thurs. _____

I can help on Friday for the celebratory lunch and Capitol Park field trip Yes _____ No _____

Persons authorized to PICK UP my child

1. _____ Phone _____

2. _____ Phone _____

CHILD (REN) WHO WILL BE ATTENDING

Name _____ Age _____ Birth date _____ Grade Completed _____

Allergies/Medications _____ Health concerns: _____

Name _____ Age _____ Birth date _____ Grade Completed _____

Allergies/Medications _____ Health concerns: _____

Name _____ Age _____ Birth date _____ Grade Completed _____

Allergies/Medications _____ Health concerns: _____

MEDICAL INSURANCE COMPANY OF PARTICIPANTS

Insurance Company _____ Member's Name _____

Policy # _____ Phone # _____

Children's Medical /policy # if different from parent:

Child's name _____ Number _____

Child's name _____ Number _____

Child's name _____ Number _____

PLEASE LIST TWO EMERGENCY CONTACT PERSONS OTHER THAN PARENT:

Name _____ Relationship _____

Phone _____ Cell Phone: _____

Name _____ Relationship _____

Phone _____ Cell Phone: _____

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Can your child be included in photographs and/or videos we will take during the week? Yes _____ No _____

I give permission for the above named child/children to be involved at Westminster Presbyterian Church for activities in the Vacation Bible School, August 10 – August 14, 2009, and for church activities at Capitol Park between L and N Streets, and for a possible field trip on Friday, August 14 to the zoo.

I hereby release Westminster Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that by child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent/Legal Guardian. _____

Today's Date _____

**MAIL COMPLETED REGISTRATION FORM AND CHECK TO:
OR FAX REGISTRATION TO:**

Westminster Presbyterian Church
c/o Diana Wright

1300 N Street Sacramento, CA 95814

(916) 442-8939 ext: 309 Fax 447-5729 diana@westminsac.org

Cost: \$25.00 per child (Camperships available upon request)