

VBS REGISTRATION & MINOR RELEASE FORM

Activity: Amazon Expedition VBS, June 16-20, 2008, 9 AM –12:15 PM

Sponsor: Cow Creek Community Church

Grade _____

Name of Minor _____ T-Shirt size _____ Y or A

Address _____ Age _____

Name of Parent or Guardian _____

Address _____

Home phone _____ Business phone _____ Cell Phone _____

Emergency contacts other than parents or guardian:

1. Name _____ Phone _____

2. Name _____ Phone _____

Permission and Release: I give permission for my child to participate in the *Amazon Expedition VBS*. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the *Rules* of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

SIGNED _____ **Date** _____
(parent or guardian)

Family physician _____ Phone _____

Medical insurance company info: _____

Pertinent medical information (diabetes, allergies, etc.):

Mail form to: Cow Creek Community Church, 10168 Deschutes Road, Palo Cedro, CA. 96073

Or Fax to: 547-5491 (Monday-Thursday mornings only)