



1<sup>st</sup> child: \$15 \_\_\_\_\_; addt'l. children \$12 ea. \_\_\_\_\_

Total \$ \_\_\_\_\_ paid: ck# \_\_\_\_\_ cash \_\_\_\_\_ date paid \_\_\_\_\_

Rec'd by \_\_\_\_\_

CD \_\_\_\_\_

## Vacation Bible School Registration

**One Form Per Child Please**

Child's Name		T-Shirt Size Youth S ___ M ___ L ___	
Grade Going Into (this Fall)		Birthdate	Age
Parent's Name(s)			
Street Address			
City	State		Zip
Home Phone ( ) -		Cell Phones ( ) -	
Email			
Name of home church if any			
Other Emergency Contact Person ( <b>other than parent listed above</b> )			
Emergency Contact's Relationship to Child		Phone ( ) -	

## AUTHORIZATION OF CONSENT TO TREAT MINOR

The undersigned does hereby give permission for our/my child, (child's name) \_\_\_\_\_, to attend and participate in activities sponsored by **Foothill Vineyard Church** on July 26 - 30, 2010.

We (I) authorize **Foothill Vineyard Church**, its adult agents and employees, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his/her authorization.

Parent/Legal Guardian **Signature** \_\_\_\_\_ Date \_\_\_\_\_

Hospital Insurance: Yes  No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list any allergies / medical conditions \_\_\_\_\_

Comments \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Foothill Vineyard Church, 100 E. Foothill Blvd, San Dimas, CA 91773 (909) 394-3023**