

**CHRIST CHURCH**  
925 14th Lane  
Vero Beach, Florida 32960  
772-562-8670



*July 13-17, 2009*  
*Monday through Friday*  
*9:00 a.m. to 12:00 p.m.*

## 2009 REGISTRATION FORM

Have your children join us for the greatest summer ever by going to *Group's Crocodile Dock – Where fearless kids shine God's Light!* Each day children will be a part of fun Bible learning they can see, hear, touch, and even taste! Children, 3 years of age to 5th grade are invited to participate, however, **space is limited to "First Come, First Served"**, so please register your child as soon as possible for this Bible-learning adventure!



PLEASE print clearly and provide all information

Use a separate form for each child

**REGISTRATION/SUPPLY FEE:**  
**\$20 per child if paid June 30th or before**  
**\$25 per child if paid July 1st or later**

**PLEASE NOTE - Registration fee MUST accompany form. Registration is not valid if fee is not attached..**

Child's Full Name: \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Siblings: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age \_\_\_\_\_ Grade in Sept. 2009 \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_



If your child has food allergies, is your child permitted to have standard snacks or will you be responsible for bringing snacks from home on a regular basis?

\_\_\_\_\_ I will bring snacks for my child

\_\_\_\_\_ My child may have standard snacks

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNLESS THE RELEASE FORM ON THE REVERSE SIDE IS COMPLETED FOR EACH CHILD AND SIGNED BY THE PARENT(S).**

PERMISSION CONSENT FORM

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I/we, the undersigned parents of \_\_\_\_\_, a minor, hereby grant permission to attend and fully participate in the following activity being sponsored by Christ Church: Vacation Bible School held Monday through Friday, July 13-17, 2009, from 9:00 a.m. to 12:00 p.m. Registrant and/or participant hereby grants Christ Church permission to utilize photographs associated with this activity for in house publication purposes.

I/we, also do hereby authorize Christ Church as agents for the undersigned, to consent to any X-ray treatment and hospital care which is deemed advisable by, and is to be rendered under the provision of the Medical Practice Act on the Medical Staff of a Hospital of choice of the leadership of the group. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority on the part of our aforesaid agents to give specific consent to any and allow such diagnosis, treatment or hospital care which the foremost aforementioned physician in the exercise of his best judgement may deem advisable.

**\*\*LEGAL RELEASE\*\*RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT**

In consideration of the aforementioned activity, Christ Church is released from any and all liability whatsoever for any bodily injuries and property damage sustained in or around the aforementioned activity. The undersigned also agree to hold harmless and indemnify the aforesaid releases in case of claim or suit by themselves and/or members of their families to the extent of any and all costs, expenses, damages, judgements, verdicts and/or attorney's fees. Minor will be held personally responsible for any vandalism and other damage resulting from delinquent behavior during this activity.

Signed this \_\_\_\_ day of \_\_\_\_\_(month) \_\_\_\_\_(year).

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Name

OR

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Guardian Name

Please PRINT above information, giving both first and last names of parents and/or guardian(s).

Person(s) to contact in case of emergency. (3 contacts required – Person #1 must be parent or legal guardian; Person #2 must be second parent or legal guardian, if applicable.):

1. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

2. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

3. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

