

JOIN US FOR VBS AT
VALLEY CHRISTIAN FELLOWSHIP

9:00AM TO 12:30PM

REGISTRATION FORM
(ONE FORM PER CHILD)

NAME _____ BIRTHDATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME # () _____ CELL # () _____
EMAIL _____

PARENTS/GUARDIAN _____
CONTACT _____
GRADE IN FALL _____
HOME CHURCH _____

IN CASE OF EMERGENCY CONTACT:
Name: _____
Contact: _____
Name: _____
Contact # _____

VALLEY CHRISTIAN FELLOWSHIP
3180 RANCHO ROAD
REDDING, CA 96002
(530) 221-0107

VALLEY CHRISTIAN FELLOWSHIP
VBS
MEDICAL RELEASE FORM

NAME OF EVENT: VACATION BIBLE SCHOOL

I (we) the undersigned parents of _____ a minor, do hereby authorize adult volunteers of Valley Christian Fellowship as agents for the undersigned to consent to any medical, dental or surgical, deemed advisable by an accredited physician, surgeon, or dentist in an approved emergency clinic or hospital. I further release from any liability Valley Christian Fellowship, any of its ministries or leaders in the event of an accident en route, during, and returning from the above mentioned event.

Signature of Parent/Guardian

Date signed _____

Parent/Legal Guardian (print) _____

Address _____

Emergency Phone Home _____ Cell _____

Health Insurance Co. _____ Policy & Group Number _____

If parent/legal guardian is not available in an emergency please contact:

Name _____ Phone _____

****Please list any allergies (include food, medicines, etc.):**

Does your child have any medical or special needs, including medications currently being used?

No ___ Yes ___ Explain _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____