



**Vacation Bible School 2015**  
**Episcopal Church of the Resurrection**  
**July 6-10, 2015, 9:00 am to 12:00 pm**  
**399 Gregory Lane; Pleasant Hill, CA (925) 685-2288, www.resurrectionph.org**

**Participant Information**

<u>Child's Name(s)</u>	<u>Birthdate</u>	<u>Entering Grade</u>	<u>Gender</u>
_____	_____	_____	M / F
_____	_____	_____	M / F
_____	_____	_____	M / F

**Contact Information**

Parent/Guardian Name(s): \_\_\_\_\_

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

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

**Address:**

\_\_\_\_\_  
 \_\_\_\_\_

**Email:**

\_\_\_\_\_

In Case of an EMERGENCY and the above person(s) cannot be reached, please notify:

Name/Relationship: \_\_\_\_\_

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

**Registration Fees for Children in Preschool – Grade 5\*\***

\$40 per child before June 1, \$60 – June 1- June 15  
 (\$10/child sibling discount)

*\*Each 5-day adult volunteers gets one of their children or  
 grandchildren in for free*

*\*\*Grades 6 & up eligible to be Counselors.*

*Contact Whitney Wilson*

Number of Participants: _____	\$ _____
Less Sibling Discount _____	-\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

**Questions? Contact Whitney Wilson (925) 685-2288**

Music CD's may be purchased at the registration table July 6-10, 2015 @ \$10 ea. *(while supplies last)*

**Medical and Image Authorization, Release of Liability**

(If registering more than one child, please complete this form for each child)

**Medical authorization**

I/we, the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Birthdate of minor: \_\_\_\_\_ Last tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special needs: \_\_\_\_\_

Family physician: \_\_\_\_\_ / Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ / Policy #: \_\_\_\_\_

**Photo and Audio release**

I give the Episcopal Church of the Resurrection permission to take photographs, videos and/or record the voice of \_\_\_\_\_, a minor and to use those images and recordings in church publications only.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Release of Liability**

I, \_\_\_\_\_, parent or legal guardian, hereby consent to participation by my son/daughter \_\_\_\_\_ in Church of the Resurrection's 2015 Vacation Bible School, "Everest". I understand that this event will take place on parish grounds and that my son/daughter will be under the supervision of designated parish employees and/or volunteers from July 6-10, 2015. In consideration of my child being allowed to participate in this activity, I hereby agree on behalf of myself and my child, to release the Episcopal Church of the Resurrection and any and all affiliated organizations, their employees, agents and representatives, including volunteers (collectively "Releases") from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this activity. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this activity. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this release or indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

\_\_\_\_\_  
(Parent or Guardian's Name — Print)

\_\_\_\_\_  
(Parent or Guardian's Signature) (Date)