



Aladdin and the Magic Lamp

**June 24-28, 9 am-3 pm daily,
1st-7th grades during the current school year**

Name: First _____ M.I. ____ Last _____ Male Female

Grade _____ School _____ Cell Phone # _____

Date of Birth: _____

Parents/Guardians _____ Home Phone # _____

Street Address _____ Parent Cell Phone # _____

City _____ State _____ Zip _____ Parent Cell Phone # _____

Parent E-Mail(s) _____

Alternate Emergency Contact: _____ **Phone #** _____

(In the event a parent/guardian cannot be reached)

PHOTO RELEASE: It is the current policy of VCPC to never print names of minors (under age 18) in any external publications. First names of adults may be used in photo captions, unless the request is otherwise made.

I give permission to Valley Community Presbyterian Church (VCPC) to use pictures and/or video of the minor listed above (taken during participation in events of VCPC) in the following manner. Check *all* that apply:

- Used in internal church publications, including brochures and bulletin boards;
- Used in external church publications, including *The Messenger* and the church's website;
- Used in internal or external church publications only after I have been asked each time;
- Never used in internal or external church publications.

Campers will perform the 30-minute musical twice on June 28: first at Courtyard Village retirement home at 1:30 pm, and later in the Valley Community Presbyterian sanctuary at 7:00 pm. Mail check made to VCPC with your completed form to 8060 SW Brentwood Street, PDX OR 97225.

Cost: \$175 - Bring a lunch!
(need-based scholarships available.)

CHILDRENS PERMISSION & MEDICAL RELEASE FORM

CHILD'S NAME: _____ BIRTH DATE: _____

SPECIAL/MEDICAL CONDITIONS (including allergies, disabilities, etc.): _____

CURRENT MEDICATIONS: _____ DATE OF LAST TETANUS IMMUNIZATION: _____

PREFERRED PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE CO: _____ ID/GROUP NUMBERS: _____

The undersigned or legal guardians of the above named child give permission for him/her to attend and participate in Valley's Youth Ministries events, mission opportunities, and retreats. I agree to direct my child to cooperate and conform with directions and instructions of the supervisors in charge of the youth activity. We release Valley Community Presbyterian Church and its agents, employees, officers, directors, and adult leaders of and from any liability for any accident, injury, damage, or loss to said child or to property of said child.

Pursuant to ORS 126.030, we also hereby give our permission for, and provide this special power of attorney to any leaders who are 18 years of age or older, to consent to any medical or surgical emergency treatment of the child which such persons deem advisable if a parent or legal guardian cannot reasonably be contacted when the child is presented for treatment. I hereby give permission to the physician selected by the supervisors then present to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in this youth activity, including transportation to and from such activity, through the negligence (active or passive) of the church or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

_____ and/or _____

Signature—Mother/Guardian

Signature—Father/Guardian

Date _____

Date _____