



Get Wet!

Dive for God's Treasure

<i>Office Use Only</i>	
Date	_____
Pd	_____
Vol Form	_____

VBS'10 Child Registration Form

June 21 - 25 - 9am - 1 pm

Child's Name: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Home # _____ Work # _____ Cell# _____

Grade entering: _____ Shirt Size (Circle one) YS YM YL YXL

Allergies/Special Medications: _____

Indicate **ONE** friend your child would like to be grouped with:

Emergency Contact Information

Name: _____

Home # _____ Work # _____ Cell# _____

**Please make check payable to CPC and submit with Registration Form.
Costs are for the full week - Monday through Friday (includes lunch and T-Shirt)**

Payment received by

May 17th: \$100

After May 17th: \$110

Registration Closes June 7th

****Special Activity Release for Minors****

By signing below, I hereby grant permission for

(Child's Name)

to participate in all programs and activities at Community Presbyterian Church from **June 21 through June 25**. I also hereby release and agree to hold harmless CPC, its constituent organizations, officers, employees and designated Day Camp leaders from all liability for damage, illness or injury. I understand that there may be inherent risks involved in these activities. In case of emergency involving injury or illness, I give permission to CPC's designated representatives to order medical treatment. I agree that in the event of an injury to my child, as a result of their participation in this program, recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse. In addition, my child's picture may be used in CPC publications (website, brochure, etc.) for ministry purposes. I waive any right to compensation or any right that I otherwise might have to limit or control such making or use.

Parent/Guardian Signature

Date