



# Registration for VBS 2009

Loving God. Serving others. Changing lives.

**What:** Half days of adventure at Vacation Bible School

**When:** 9 a.m.– noon, June 7 -11, 2010

**Who:** Kindergarten through 6th grade

**Why:** Have fun, grow closer to God and each other

**Cost:** \$15 per child, not to exceed \$30 per family



Call Erica Wharton (669-0615) or the office (223-1230) with questions or to register.

6501 Brittany Street, Fort Collins, CO 80525, 970-223-1230, office@heartoftherockies.org

## High Seas Expedition

For children kindergarten–5th grade. Children ages 6th grade and older may apply as youth assistants.

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Street address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/guardian name (s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone (s) \_\_\_\_\_

Work phone (s): \_\_\_\_\_

Par./Guard. #1 \_\_\_\_\_ Par./Guard. #2 \_\_\_\_\_

Email address (es):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Other Person(s) who have permission to pick up your child:

Name: \_\_\_\_\_ Contact number \_\_\_\_\_

Name: \_\_\_\_\_ Contact number \_\_\_\_\_

I/we give our permission for \_\_\_\_\_ to participate fully in

Vacation Bible School at Heart of the Rockies, June 7-11, 2010

Signature(s) of Parent(s) or Guardian(s)

X \_\_\_\_\_ Date: \_\_\_\_\_

It is ok to use pictures of my children for publicity and the website  Yes  No

**MEDICAL INFORMATION AND AUTHORIZATION TO SEEK TREATMENT**

**Hospitals and medical personnel can not treat your child without proper authorization. Should your child require any kind of emergency medical attention while in our care, we need your permission to act on your behalf if we can not reach you. Please complete the following information and sign below.**

**Person(s) other than parent or guardian who may be contacted in case of emergency:**

**(1) Name** \_\_\_\_\_  
**Phone/Cell/Pgr** \_\_\_\_\_  
**Relationship to child** \_\_\_\_\_

**(2) Name** \_\_\_\_\_  
**Phone/Cell/Pgr** \_\_\_\_\_  
**Relationship to child** \_\_\_\_\_  
**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**List ALL known allergies (medications, food, other)**

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

**List medications your child takes regularly:**

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

**Does your child have any medical condition of which we should be aware? If yes, please explain:**

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

**Does your child have any other special needs we should be aware of?**

\_\_\_\_\_

**In case of emergency, I understand that every effort will be made to contact me/us. If I/we cannot be reached, I/we hereby give the Heart of the Rockies Christian Church (Disciples of Christ), staff, or lay personnel permission to act on my/our behalf in seeking emergency treatment for my/our child, \_\_\_\_\_, should such treatment be deemed necessary. I/we give permission to those administering emergency treatment to take appropriate and necessary measures to care for my/our child. I/we absolve the above named church agencies and individuals from liability in acting on my/our behalf in this regard so long as they have not acted with gross negligence.**

**Date:** \_\_\_\_\_ **Parent(s)' signature:**

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