



REGISTRATION

Session I	<input type="checkbox"/>	paid fee
Session II	<input type="checkbox"/>	
Session III	<input type="checkbox"/>	

Child's Name: _____ Male or Female _____ Birth date: _____ grade: _____

Street address: _____

City: _____ State: _____ zip: _____

Home phone: _____ e:mail: _____

Home church if you have one: _____

How did you hear about our KidsClub? _____ School you attend: _____

List all persons, including parents, authorized to pick up your child:

- 1. _____ 4. _____
- 2. _____ 5. _____

Does your child have any... (Please circle the appropriate response.)

Restraining orders?	Yes	No	Medication requirements?	Yes	No
Activity restrictions?	Yes	No	Food allergies	Yes	No
Disabilities requiring special attention?	Yes	No			

Explain: _____

I, _____ parent or legal guardian of _____ give permission to Cornerstone Church for my child to be photographed and/or videotaped during Vacation Bible School. These picture may be included in our VBS Memory Album or Cornerstone Church website. CHILDREN'S NAMES WILL NOT be posted with picture.

In case of emergency, contact in this order (please print):

Parent 1: _____ Best phone: _____

Parent 2: _____ Best phone: _____

Other: _____ Best phone: _____

Health Insurance: _____ Policy number: _____

Child's doctor: _____ phone: _____

Medical Alert (diabetes, epilepsy, allergies to medications): _____

CALIFORNIA CIVIL CODE SECTION 25.8. AUTHORIZATION OF MEDICAL TREATMENT OF MINORS

Either parent if both parents have legal custody, or the parent or person having legal custody, or the legal guardian of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon license under the provisions of the Medicine Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act (Added Stats. 1965, C. 1524, p 3616, s1). The undersigned (printed name) _____ who is one of the parents, or legal guardian of (child's name) _____ a minor, who resides at the address listed on the reverse of same, herein authorizes the adult sponsor of the Cornerstone Church VBS for the above stated activity or any responsible adult bearing this written authorization into whose care the above mentioned minor has been entrusted to provide medical treatment per California Civil Code Section 25.8.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

This authorization shall remain effective until the Cornerstone Church VBS is terminated, unless sooner revoked in writing delivered to the adult sponsor of aforesaid activity at Cornerstone Church.

Date: _____ Signature _____

Child's Name _____