



**Vacation Bible School**

**July 24-28, 2017 9:00am-12:00pm**

**Registration, Medical, Liability and Photo Release.**

**Cost is \$40.** (Scholarships avail) Please complete and return to Peggy Gross or the Church office by July 11, 2017.  
 First Presbyterian Church 320 Date Street, San Diego, Ca 92101

Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  Paid cash \_\_\_\_\_ Check # \_\_\_\_\_

Request scholarship of \$ \_\_\_\_\_  
 Preschool Age: \_\_\_\_\_ Potty Trained \_\_\_\_\_ Other \_\_\_\_\_  
 Elementary **Grade in Fall 2017** \_\_\_\_\_

Parent/Guarding living with student: \_\_\_\_\_  
 In an emergency please notify: \_\_\_\_\_ Phone/cell#: (\_\_\_\_) \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Medical Insur. Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Health History/Allergies:  
 \_\_\_\_\_ Insect sting \_\_\_\_\_ Asthma \_\_\_\_\_ Heart condition  
 \_\_\_\_\_ ADHD \_\_\_\_\_ Physical handicap \_\_\_\_\_ Other  
 \_\_\_\_\_ Food allergies \_\_\_\_\_ Diabetes

Please give details on any of the above if checked on the reverse side of this registration:  
 Date of last Tetanus shot \_\_\_\_\_ Name and Dosage of any medication to be taken \_\_\_\_\_

I, the parent/guardian, grant First Presbyterian Church, its representatives, leaders and employees the right to take and publish photographs or video of me and/or my child(ren) in regard to its website and any other publications it may distribute. I authorize First Presbyterian Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that First Presbyterian Church may use such photographs of me and/or my child(ren) for any lawful purpose, including such purposes as publicity, illustration, advertising, Web content, and albums for parental viewing.

I (we), the parents/guardians of the above mentioned student (s), do hereby authorize First Presbyterian Church as agents for the undersigned to consent to any x-ray examination, anethetist, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment deemed advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective until December 31, 2017 unless revoked sooner in *writing delivered to said agents.*

I also understand that our family is responsible for necessary medical treatment, whether through insurance or other means, and that First Presbyterian Church does not provide medical insurance coverage.  
 In signing this release, I (we) agree not to hold First Presbyterian Church and/or it's agent or employees liable for damages, losses or injuries to the persons or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and that the signature is for both medical, liability and photo release.

Signature

Date