

Valley Community Presbyterian Church

3100 Lilac Drive N, Golden Valley, MN 55422

763/588-0831



2010 Vacation Bible Camp Baobab Blast: God's Great Get-together!

August 2-5 from 9:00 am to noon
Family Night on Thursday, August 5, 6-7:30 pm
Preschool through Fifth Grade

Cost: \$15 per child; \$30 per family

Date: _____

Child's Name: _____ Male: _____ Female: _____

Parent/Guardian Name: _____

Address: _____

Home telephone : _____ Cell phone : _____

Email address: _____

Child's age: _____ Grade in Fall: _____ Date of Birth: _____

Child's t-shirt size: _____ small _____ medium _____ large _____ x-large

Please list any allergies (including food allergies) that the VBC staff should be aware of:

Friend child would like to be with:

Emergency contact name (in case the parent/guardian cannot be reached):

Telephone : _____ Relationship to child: _____

Name of Parent/Guardian (please print): _____

Signature of parent/guardian: _____

Cost \$15 per child/\$30 per family. Paid by: check _____ cash _____



PLEASE COMPLETE MEDICAL AND PHOTO CONSENT ON REVERSE SIDE

PHOTOGRAPHIC RELEASE



_____ I hereby give permission for photographic images of my child, taken during regular and special activities at Valley Community Presbyterian Church (VCPC) to be used for the purpose of promoting VCPC's Vacation Bible Camp program, and waive any rights of compensation or ownership thereto.

_____ I do not wish photographic images of my child to be used for the purpose of promoting VCPC's Vacation Bible Camp Program.

Name of the Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____

MEDICAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR CHILD

We, the understated, parents/guardian of: _____, a minor, do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital service that may be rendered to said minor (under 18 years of age) under the general or special instructions of any physician and surgeon licensed hospital or emergency care facility, whether rendered at the office of said physician or at the licensed hospital or emergency care facility. It is understood that this consent is given in advance to encourage Valley Community Presbyterian Church or any of its staff or leader and said physicians to exercise best judgment as to the requirements of such diagnosis or treatment. This consent shall remain effective through May 31, 2011 unless sooner revoked in writing delivered to said physician or said persons entrusted with custody of said minor.

FATHER/GUARDIAN'S NAME _____

WORK PHONE _____ HOME/CELL PHONE _____

MOTHER'S/GUARDIAN NAME _____

WORK PHONE _____ HOME/CELL PHONE _____

PARENT/GUARDIAN SIGNATURE _____

DOCTOR'S NAME _____ PHONE _____

CLINIC ADDRESS _____

INSURANCE COMPANY _____ PHONE _____

POLICY NUMBER _____

EMERGENCY CONTACT OTHER THAN PARENT _____ PHONE _____

IS THERE ANY INFORMATION OF WHICH THE PERSONS RESPONSIBLE SHOULD BE AWARE? (allergies, medications, special medical considerations etc.)

