

Dance Camp 6/17-21 VBS 6/24-28 VBS Volunteer C&D Volunteer I need a Volunteer Shirt

2019 Registration Form

VBS and/or Cheer & Dance Camp

Orchard Community Church
8180 Telephone Rd. Ventura CA 93004 (805) 647-3757

Child's First Name _____ Last _____ Boy/Girl Age ____ Birthdate _____

Address _____ City _____ Zip _____ Phone _____

Grade in 2019/20 ____ Attending School _____

Shirt Size: YXS ____ YS ____ YM ____ YL ____ YXL ____ AS ____ AM ____ AL ____ AXL ____ A2XL ____ A3XL ____

Father's Name _____ Cell _____

Father's email _____

Mother's Name _____ Cell _____

Mother's email _____

Church Affiliation _____ Invited by _____

Please list those who may pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PHOTO AND VIDEO AGREEMENT: Do you give permission for Orchard to freely use photographs and video of your child in Orchard publications and/or to be posted on any or all of Orchard's social media sites and/or website? **YES** _____ **NO** _____

OFFICE USE ONLY:
Volunteer: Youth Parent
Class #: _____

Date Paid: _____
Shirt Ordered: _____

Date Registered: _____
Cash / Check: # _____
Waitlist: _____

Medical Release Form

Name of event: **Vacation Bible School (VBS) 2019** **Cheer & Dance Camp 2019**

_____ has my permission to attend and participate in VBS and/or Cheer & Dance
(Name of child)

Camp at Orchard Community Church. I agree to waive, release and hold harmless Orchard Community Church, its employees and volunteers from and against any and all claims, costs, liabilities, expenses or judgments and hereby agree to indemnify and hold harmless Orchard Community Church from and against all claims. I understand I will be notified in the case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Date signed _____

Parent/Legal Guardian (print) _____ Signature _____

Health Insurance Company _____

Policy # _____ Group # _____

If parent/legal guardian is not available in an emergency, contact:

Name _____ Phone _____

Is your child allergic to any type of medication? No ___ Yes ___ If so, please list: _____

Does your child have any food allergies or restrictions? No ___ Yes ___ If so please list: _____

Is there anything you'd like us to know (special needs, fears, learning disabilities etc.) _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____



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