

Dance Camp 6/15-19 VBS 6/22-26 VBS Volunteer C&D Volunteer I need a Volunteer Shirt



2020 Registration Form

VBS and/or Cheer & Dance Camp



Orchard Community Church

8180 Telephone Rd. Ventura CA 93004

(805) 647-3757

Child's Name _____ Boy/Girl _____ Birthdate ____/____/____
(First and Last)

Address _____ City _____ Zip _____

Grade in 2020/21 _____ Attending School _____

Shirt Size: YXS__ YS__ YM__ YL__ YXL__ AS__ AM__ AL__ AXL__ A2XL__ A3XL__

Guardian's Name _____ Cell: _____

Guardian's email _____ Work/Home: _____
(circle one)

Guardian's Name _____ Cell: _____

Guardian's email _____ Work/Home: _____
(circle one)

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?

(Please initial) YES _____ NO _____

OFFICE USE ONLY:

Volunteer: Youth Parent

CD / VBS Class #: _____

Date Paid: _____

Shirt Ordered: _____

Date Registered: _____

Cash / Square / Check # _____

Waitlist # : _____

Medical Release Form

Please circle the events the child is participating in

Vacation Bible School (VBS) 2020 **Cheer & Dance Camp 2020**

_____ 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: _____ Relationship: _____

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.) _____



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