

# VACATION BIBLE SCHOOL

## JULY 16-19



- CRAFTS & SNACKS
  - GAMES & FUN
  - BIBLE ACTIVITIES
- Ages 4-11**  
**\$20**

Calvary Chapel La Costa Hills • 1739 Melrose Drive, San Marcos • (760) 471-7650 • cclch.org

Monday	16	Tuesday	17	Thursday	19	Sunday	22
Calvary Chapel Church 9:30 a.m. - 12:00 p.m. Registration Check-In Let the Fun Begin!		Calvary Chapel Church 9:30 a.m. - 12:00 p.m. Crafts, Games Snacks, Bible & More!		Moonlight Beach 3:30 a.m. - 8:00 p.m. Beach BBQ, Baptisms VBS Award Ceremony		Calvary Chapel Church 10:30 a.m. - 12:00 p.m. VBS Video Special Presentation	

### VBS 2018 REGISTRATION CARD

Please Fill out one registration card for each child.

CHILD'S FIRST NAME \_\_\_\_\_

CHILD'S LAST NAME \_\_\_\_\_

Parent(s)/Guardian(s) Name *(These are the **only** people authorized to pick this child up.)* \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Emergency Contact Name **(Secondary contact from above)** \_\_\_\_\_

Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Shirt Size:  Small  Medium  Large

Child's Age \_\_\_\_\_

Birth Date \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

**CALVARY  
CHAPEL**   
**LA COSTA HILLS**

**Return registration card Sundays after our 10:30 a.m. service or visit our website to register.**

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**Permission Slip**  
**Vacation Bible School**

Waiver of Liability and Release Agreement

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ (Parent)

Waiver:

In consideration of Calvary Chapel La Costa Hills permitting my child to participate in the **Vacation Bible School on July 16-22, 2018**, I hereby for my child, heirs, administrators and assigns, waive any and all rights and claim of any nature I may have against Calvary Chapel La Costa Hills and any organization connected with the said youth event, their representatives, successors, and assigns for any and all injuries or damages of any nature which my child may suffer while taking part in this event. I will assume all risks associated with this event of any kind that may befall my child or any other person as a result of my child's participation in this event. This waiver and release, which includes all claims, demands, costs, losses, damages, attorney's fee, and liabilities shall be binding on my heirs, administrators, and assigns and run in favor of Calvary Chapel La Costa Hills. **These authorizations shall remain effective until July 22, 2018, unless sooner revoked in writing delivered to said Agent.**

I HAVE READ THIS WAIVER AND LIABILITY AGREEMENT AND UNDERSTAND  
THE TERMS USED AND THEIR LEGAL SIGNIFICANCE.

Calvary Chapel La Costa Hills has my permission to seek emergency  
medical care for my child if such is required.

**IMPORTANT:** Minors must have this waiver signed by a parent or guardian.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Participant)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian)

PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian)  
(Parent or Guardian if participant is under 18 years of age)

**SEE BACK SIDE →**



**MEDICAL INFORMATION**

Insurance Company: \_\_\_\_\_

Claim Office Address: \_\_\_\_\_

\_\_\_\_\_

Claim Office Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Where Parent can be reached: \_\_\_\_\_

Other Emergency # if parent can't be reached (please state relationship)

\_\_\_\_\_

Special medical conditions of minor such as diabetes, allergic reactions, and medications currently using:

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_