



# PLANO CHINESE ALLIANCE CHURCH

## VACATION BIBLE SCHOOL 2010

August 2<sup>nd</sup> to 6<sup>th</sup>

### One Child Per Registration Form

*For children age 4 to 5<sup>th</sup> grade completed*

Child's Name \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone Cell or Work Phone Email

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

Are you regularly attending a church?  Yes  No Name of Church? \_\_\_\_\_

I would like a pastor of PCAC to contact me.  Yes

Registration Fee (per child): **\$25** before June 30; **\$30** afterwards. **Last Day** to Register is July 18.

Please make check payable to PCAC. Signature for Medical Release below is required.

### Medical Release / Liability Waiver

I, hereby, give the person in charge permission to act on my behalf should it be necessary for my child to have medical treatment while participating in a church activity; to secure medical services or hospitalization deemed necessary and appropriate by the physicians. I absolve PCAC from any and all forms of negligence and wrong treatment incurred in the procurement and process of the hospitalization and medical treatment. In addition, I will not hold the PCAC, its pastoral staff, governing board, counselors, and any volunteer leaders responsible in the event of any other emergency involving my child. I understand that as a participant in PCAC VBS, my child may be photographed or videoed. Therefore, I release PCAC from any and all liability to use these materials for presentation and promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature Date



### OFFICE USE ONLY

Fee received by \_\_\_\_\_ Date \_\_\_\_\_

Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_