



PLANO CHINESE ALLIANCE CHURCH 2009 VACATION BIBLE SCHOOL

August 3 to 7

One Child Per Registration Form

For children age 4 to 5th 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 currently attending a local church? Yes No Name of Church? _____

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

Registration Fee (per child): \$25.00 before 6-30-09; \$30 afterwards. Deadline: 7-19-09.
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/children. I understand that as a participant in PCAC VBS, my child may be photographed or videoed during the events. 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 _____