

南灣台福基督教會

Evangelical Formosan Church  
4565 Sherynne Lane  
Torrance, CA 90505  
(310)373-2448

# Hero

## HEADQUARTERS

Where Kids join Forces with GOD !!

# 2010 VACATIONAL BIBLE SCHOOL Fri, July

**30 to Sun, August 1, 2010**

**July 30 - 7:30pm to 9:00pm**

**July 31 - 9:00am to 4:00pm (lunch & snack included)**

**Aug. 1 - 10:00am to 12:30pm**

**For children 4 to 11 year old Cost is \$10 per child**

Please make check payable to EFCSB Registration deadline is July 18, 2010

### Child(ren)Information ---one form per family

group: \_\_\_\_ (for staff) First Child: \_\_\_\_\_ Age: \_\_\_\_\_

List all allergies, medication, special needs: \_\_\_\_\_

group: \_\_\_\_ (for staff) Second Child: \_\_\_\_\_ Age: \_\_\_\_\_

List all allergies, medication, special needs: \_\_\_\_\_

group: \_\_\_\_ (for staff) Third Child: \_\_\_\_\_ Age: \_\_\_\_\_

List all allergies, medication, special needs: \_\_\_\_\_

### Parents Information

Names: \_\_\_\_\_

Cell : \_\_\_\_\_ Home phone: \_\_\_\_\_

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

Name of Your Church: \_\_\_\_\_

Not attending church

**Emergency Information** (in the event that we are unable to reach the parent, we will contract your emergency contact)

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

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

I give permission for my child(ren) to participate in Vacation Bible School at Evangelical Formosan Church of South Bay, I will be responsible for delivering and picking up my child(ren). I also give the following person(s) the permission to pick up my child(ren)

\_\_\_\_\_  
Name of adult who has permission to pick up your child(ren)

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

**Medical and Liability Release Form**

This is to declare that my child(ren) named above has my permission as a legal guardian to participate in the Evangelical Formosan Church of South Bay Vacational Bible School from July 30 to August 1, 2010. In case of accident, I hereby release and hold harmless that Evangelical Formosan Church have my authority to provide necessary emergency medical attention. I hereby give permission to Evangelical Formosan Church of South Bay staff and agents to select transportation to their medical provider who provide proper treatment for, hospitalization of, order injections, and anesthesia of surgery for my child (ren) named above. My consideration of my child(ren)'s participation, I hereby release and hold harmless that Evangelical Formosan church of South Bay, their officers, employees, agents and all others from any and all liability including but not limited to any and all injury, harm, death, damage to any and all property, etc. that may occur as a result of my child(ren)'s attendance in this VBS. I voluntarily elect to have my child participate in all of the activities and assume the risk of injury of harm that could result from participation. I have read, understand, and agree to all of the above.

**Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_

**Office use**

Date received: \_\_\_\_\_ Received By: \_\_\_\_\_

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

Cash: \_\_\_\_\_

**Group per age: group A= age 4&5 group B=6 to 8 group**

**C=9&11**