<mark>南灣台福基督教會</mark> Evangelical Formosan Church of South Bay 4565 Sharynne Lane Torrance, CA 90505 (310)373-2448
2009 VACATIONAL BIBLE SCHOOL Fri, July 31 to Sun, August 2, 2009

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	July 31 - 7:3	30pm to 9:00pm
Aug.	1 - 9:00  am to  3:4	5pm (lunch/snack included)
	Aug. 2 - 10:0	0am to 12:30pm
	For children 4 to 10 year old	Cost is \$10 per child
	Please make check payable to EECSB	Registration deadline is July 19, 2009

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

First Child:		Age:
List all allergies, medication, special ne	eeds:	
Second Child:		Age:
List all allergies, medication, special ne	eeds:	
Third Child:		Age:
List all allergies, medication, special ne	eeds:	
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:\_\_\_\_\_

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 31 to August 2, 2009. 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 \_\_\_\_\_

0#:	
Office use	
Date received:	Received By:
Check #:	Amount:
Cash:	