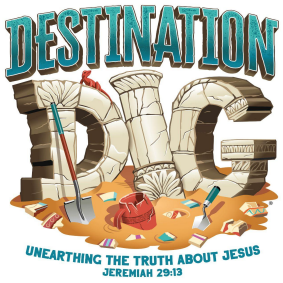
Faith Fellowship Church

Vacation Bible School 2021 Registration Form

(one per child)



Vacation Bible School will be held on August 2-6, 2021 from 9am to 12pm for children entering grades K-5th in the Fall 2021. (Sorry no exceptions on grades.) Please turn in this registration & any payments into the FaithKidz Elementary Class, Main Sanctuary Foyer Info Table or an Offering Plate. To cover our expenses, our suggested donation is $20 per child. All children are welcome regardless of ability to donate.

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in Vacation Bible School at San Leandro #2, Faith Fellowship Church at 577 Manor Blvd San Leandro, CA 94579, from August 2-6, 2021, 9am-12pm. I release all liability and indemnify the International Church of the Foursquare Gospel d/b/a San Leandro #2, Faith Fellowship Church and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
2. I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody. a. To give any and all consents and authorization to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child. b. I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. My child is to be excluded from the following activities:_____ and/or from release to the following person(s)_____. (IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)
5. I agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotion, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

_____ Signature of parent/guardian

_____ Printed name of parent/guardian

_____ Date

Medical Information—Completed by Parent/Guardian—Please Print

_____ Child's Name

_____ Birth date

_____ Grade in Fall 2021

_____ Allergies or Chronic/other medical conditions (e.g. epilepsy, diabetes, asthma, heart, etc.)

_____ Medications

_____ Medical Insurance Company

_____ Policy number or Medical Record Number

_____ Parent/guardian name (print)

_____ Emergency phone number

_____ Parent/guardian name (print)

_____ Emergency phone number

Friend your child might like to be in a group with:_____

T-shirt size (circle one) Child: Small Medium Large Adult: Small Medium Large

Office Use Only: Donation:_____ **Crew #:** _____

Other:_____