

# The Springs Calvary Chapel VBS 2022

June 6-10 8am-12:30pm Breakfast and Lunch Provided

## PLEASE READ, COMPLETE, and SIGN THIS PAGE

We realize that no activity is without the possibility of unforeseen hazards, which could result in injury to an individual. For this reason, The Springs Calvary Chapel provides supervision and directions for the safe conduct of activities. Sometimes these directions are not followed or disregarded by children/ teens in our ministry or activity, resulting in injury. As a parent, guardian, or other responsible person, The Springs Calvary Chapel expects you to be aware of your responsibility to instruct your child(ren)/teen(s) of the importance of conduct which will insure safety and an enjoyable time. By signing this form, you as a parent, guardian, or other responsible person, agree to assume the risks and hazards, which may be inherent in these activities. You also agree to absolve and hold harmless The Springs Calvary Chapel, its owners, agents, and/ or employees for damage, loss or injury to the person(s) or property undersigned.

I understand that I am signing for the minor(s) listed on this form and that the signature is both a medical and liability release. If an accident should occur which causes a dispute between The Springs Calvary Chapel and myself, I agree not to press charges in a court of law but will submit to arbitration by a representative of an organization established for such a purpose agreed to by both parties.

In case of emergency at the location of The Springs Calvary Chapel, our procedures will be to contact the parent/ guardians. If we are unable to reach the parent/ guardian, the seriousness of the emergency will indicate which course of action will be taken.

1. The person you designate on this form may be asked to care for your child(ren)/teen(s) until you can be reached OR
2. The paramedics may be called in a life-threatening situation.

I hereby give my permission to the physician, nurse, or dentist selected by The Springs Calvary Chapel to secure medical or dental first aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of father/ guardian \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of mother/ guardian \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Is/are your child(ren)/teen(s) covered by medical insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Name of policyholder \_\_\_\_\_ Company \_\_\_\_\_

Policy # \_\_\_\_\_

1. Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_  
Last grade completed \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child's age \_\_\_\_\_

2. Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_  
Last grade completed \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child's age \_\_\_\_\_

3. Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_  
Last grade completed \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child's age \_\_\_\_\_

4. Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_  
Last grade completed \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child's age \_\_\_\_\_

Name(s) of parents/ guardians: \_\_\_\_\_

Parent/ guardian telephone number: \_\_\_\_\_

Parent/ guardian email address: \_\_\_\_\_

Name and relationship of caregiver during VBS week if different from parent/ guardian:  
\_\_\_\_\_

Caregiver telephone number: \_\_\_\_\_

Home church: \_\_\_\_\_

Allergies or other medical information: \_\_\_\_\_

Emergency contact if we cannot contact parent/ guardian or caregiver:  
\_\_\_\_\_

Relationship to child: \_\_\_\_\_

**USE OF PHOTO, AUDIO, AND/OR VIDEO**

The staff/ volunteers of The Springs Calvary Chapel may wish to use your child(ren)/ teen's photo, audio file, or video image for sharing information about our ministry and mission on our website or in other types of non-commercial promotions.

Please indicate your preference below:

- I give permission for photos, audio files, and/or video images of my child(ren)/ teen to be used for promotions at The Springs Calvary Chapel.
- I prefer my child(ren)/teen(s) photo, audio files, and/ or video image **NOT** be used for promotion at The Springs Calvary Chapel.

Parent/ guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(OVER)