

# Shipwrecked! Rescued by Jesus

## VBS 2018

### Registration & Medical Release Form

Valley Vineyard  
 6642 Reseda Blvd  
 Reseda, CA 91335  
 818-776-9696  
 dtucker@valleyvineyard.org

Please fill out one registration form per family.

1) Child's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small> Birthdate: _____ Age: _____ Food Allergies: Yes / No <small style="text-align: right;">If yes, list below.</small>	Grade in Fall: _____
2) Child's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small> Birthdate: _____ Age: _____ Food Allergies: Yes / No <small style="text-align: right;">If yes, list below.</small>	Grade in Fall: _____
3) Child's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small> Birthdate: _____ Age: _____ Food Allergies: Yes / No <small style="text-align: right;">If yes, list below.</small>	Grade in Fall: _____

*If more children, list on back*

Parent or Guardian: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

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

#### MEDICAL RELEASE

Dr.'s Name: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Policy #: \_\_\_\_\_

List helpful information regarding allergies, physical, emotional challenges or limitations below.

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EMERGENCY

If parent or legal guardian cannot be reached, please notify in case of an emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

2. \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

I, \_\_\_\_\_ as parent or legal guardian of \_\_\_\_\_  
 authorize my son/daughter/children to participate in the activities sponsored by the Valley Vineyard Christian Fellowship. In the event of an accident or illness, I give my permission to the staff/volunteer to secure the services of a licensed physician or other licensed medical emergency worker to provide the care necessary, including anesthesia, for my child's well-being.

Today's Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Paid by cash: yes / no      Paid online: yes/no  
 Paid by check #: \_\_\_\_\_