

Crocodile Dock VBS Registration

Deadline: June 15

VBS 2009

JUNE 22-26
9:00-12:00p
\$20
 after June 15: **\$30**
All kids ages
4 yrs (by June 1) through
kids entering 5th
grade are welcome!

Parent/Guardian Names _____

Family Address _____ City & Zip _____

Family Phone _____ Daytime Emergency Phone _____

Home Church: First Pres None Other _____

Children's Names	T-shirt Size*	Birthdate Mo/Day/Yr	Age	Grade in fall	Allergies / Concerns attach separate, if needed

***T-Shirt Size:** indicate Youth or Adult & size; register by June 13 to guarantee requested shirt size
YOUTH: S(6-8) M(10-12) L(14-16) ADULT: S(34-36) M(38-40) L(42-44) XL(46-48)

Parent/Guardian Must Sign Consent On Reverse Side
Mail Payment (\$20/child) & Registration to: First Pres, 9 S 8th Ave, Yakima, WA 98902

Payment (\$20/child)	
Amt Paid _____	_____
Check # _____	_____
Receipt # _____	_____
Date Paid _____	_____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR WHEN PARENT OR LEGAL GUARDIAN IS UNAVAILABLE

A parent/legal guardian only must sign this medical release/consent form for each child registered, in order to attend VBS.

The undersigned hereby authorize the First Presbyterian Church as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington to the minor child(ren) listed on the reverse side of this card, when such treatment is deemed necessary by such physician, and we cannot be reached within a reasonable time, by reason of absence from the community, or otherwise.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, test, x-ray examination, transfusions, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his discretion on authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable.

This authorization shall remain effective through June 2009 unless sooner revoked in writing by the undersigned of at such time that the child's attendance at this church is terminated and the church is so notified by the child's parent/guardian.

Parent / Legal Guardian Signature	Date	Emergency Phone
Parent / Legal Guardian Signature	Date	Emergency Phone

