

TUCKER'S SEARCH+RESCUE

SHINING GOD'S LIGHT



VBS 2009

JULY 7-11 . 9:30-2:30

\$50 UNTIL JUNE 21

\$80 AFTER JUNE 21 (NO T-SHIRT)

**SEATTLE COMMUNITY CHURCH
WWW.SEATTLECHURCH.ORG**

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Student's Name: _____

Grade completed: _____ Birth date: _____ Age: _____

T-shirt size (circle): **Toddler: 2T, 3T, 4T** Child: **SM (6-8), M (10-12), LG (14-16),**

Adult: **S M L XL**

Allergy/Heath Conditions: _____

Parent/Guardian Name: _____

Can you help with VBS? (Circle One) **YES NO**

Home phone #: _____

Cell phone #: _____

Email: _____

Work phone : _____

Emergency Contact and Relationship to Child: _____

Emergency Contact Phone #: _____

Medical Release Statement

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the program director to secure proper treatment or to hospitalize, to order injections, anesthesia, or surgery for my child.

On behalf of the parents/guardians I further agree that I will not hold the Seattle Community Church, their agents or employees, responsible for any accident or injury.

Signature of Parent or Guardian: _____

Date: _____

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