

# VBC 2009 Registration Form

Send registration with a \$25.00 nonrefundable deposit to:

**Maranatha Community Church**  
**PO Box 1150, Colton, CA 92324**

Payment information:    Check                      Cash  
Payment Amount        \$50.00                    Additional Child in the family: \$45.00

Camper's name: \_\_\_\_\_ Phone: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attends church?    Yes    No    Church Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Age : \_\_\_\_\_ Birthday: \_\_\_\_\_    Male    Female

My child would like to be in a small group with: (Only one please) \_\_\_\_\_

## Camper's health information

To the best of my knowledge this child is healthy and fit for an active camp program:    Yes    No

Please explain: \_\_\_\_\_

Immunizations: Are they current?    Yes    No                      Date of last tetanus shot: \_\_\_\_\_

Regular medications: \_\_\_\_\_

(All prescription and over the counter medications must be labeled in the original container and turned in to the staff)

Activity restrictions: \_\_\_\_\_

This child is currently experiencing, or has recently had a problem with:

ADD/ADHD    Allergies    Asthma/Inhaler    (My child may keep the inhaler to use as needed:    Yes    No)

Bee stings    Medicines    Penicillin    Restricted Diet    Peanuts

Medications to avoid: \_\_\_\_\_

I understand that standard over the counter medications may be used for common symptoms and have listed above any that should be avoided. I authorize Maranatha Community Church's health supervisor or other representative to dispense prescription and over the counter medication as needed.                      Parent/Guardian initials: \_\_\_\_\_

In case of a medical emergency: I understand that every effort will be made to contact a responsible parent or guardian of the camper

In the event that contact cannot be made, I hereby give permission to a camp director and the physician selected to secure proper treatment, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for this child.

Insurance Company name: \_\_\_\_\_

Insurance policy # \_\_\_\_\_ Insurance phone # \_\_\_\_\_

Emergency Information: Please provide the best way to reach you, including cell# and/or pager#

Parent or guardian's name: \_\_\_\_\_ Phone #s \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_ Phone #s \_\_\_\_\_

Additional Emergency contact: \_\_\_\_\_ Phone #s \_\_\_\_\_

## Minor Liability Release (Required for those 17 and under)

I give permission for my child, \_\_\_\_\_, to participate in all activities of the ministry of Maranatha Community Church (M.C.C.) of Colton, CA. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in M.C.C. activities including transportation to and from any location in connection with M.C.C. events. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release M.C.C. from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing loco parentis to my child pursuant to A.R.S.S. 44-133. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary. I understand that this form and my signature are for both medical and liability release.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

By registering for this camp, I give permission to Maranatha Community Church to use video or photos of me or my family members for promotional purposes.