



Ponderosa Basin Chapel

Children's Registration
& Medical Release Form for 2017

One per family, please complete both pages
 Children age 4 through 6th grade
 (list younger children you will be staying with)

HERO CENTRAL
Discover Your Strength in God!
Vacation Bible School
June 19-23rd, 2017
9:30 - 11:30 a.m.

CHILD'S NAME (first and last)	BIRTHDATE	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian _____

Street Address _____

City _____ State _____ Zip _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Home Church: _____

Please tell us about any special needs your child(ren) may have so that we can make this a great experience for them:

Registration and Medical Release Form 2017

Emergency Contact Name _____ Phone Number _____

Emergency Contact Name _____ Phone Number _____

Allergies (including food and medications) or other medical conditions or special needs :

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Health Insurance Company _____

Policy Number/Group Number _____

I (we) the undersigned parent(s) or legal guardian(s) of above listed child(ren), do hereby authorize PONDEROSA BASIN CHAPEL as agent for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency or medical clinic. I (we) further release liability PONDEROSA BASIN CHAPEL and any of its ministries or leaders in the event of an accident during the above mentioned events. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (Printed) Parent/Legal Guardian (Signature) Date

Parent/Legal Guardian (Printed) Parent/Legal Guardian (Signature) Date

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