**ECCC Vacation Bible School 2013**

Registration Form(one per child)

July 15-19
9:00am-12:00pm



Please return forms to
Amanda Sun
4502 145th Pl SE, Bellevue, WA 98006
amandahsun@gmail.com

Registration Deadline is Sunday, June 30th! Registration Fee: $15 (Checks payable to ECCC)

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| Name of Child:  | T-Shirt Size (Circle one): XS S M L XL |
| Grade in Fall ’13 (rising PreK - 6th): Age: Birthday: | * Male
 | * Female
 |
| Name of Parent(s):  |
| Address: | City: State: Zip: |
| Home phone: | Cell phone: |
| Email Address: |
| Food allergies/Health notes: |
| Siblings also attending VBS (names): |

Medical Release Form

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| I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby authorize Eastside Christian Community Church as an agent to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Physicians and Surgeons Act and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent, to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.I have read the above and consent to my child participating in ECCC’s 2012 Vacation Bible School. Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |