



Grades:

K-5th

When:

Monday-Friday
August 5-9, 2019
9:00AM-2:00PM

Drop off/ Pick up:

Commotion Entrance
Corner of 22nd St. and 18th Ave.

Registration Cost:

\$50/child
\$60 after July 26, 2019
(Space is limited. Register early.)

Camp Includes:

- Daily faith-based lesson
- Daily workshops in the fine arts
- C³ Camp T-Shirt
- Lunch (Alert us to any food allergies)
- Daily Snack

Family Presentation:

Friday, August 9, 2019
2:00PM

Church Presentation:

Sunday, August 11, 2019
Sanctuary Service

Registration Form

Child Name: _____ Grade: _____ Age: _____

Food Allergies? _____ T-Shirt Size (Youth Sizes): _____

Parent/Guardian Name: _____

Street Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Amount Enclosed: _____

We accept Visa/MC/Discover Online Make checks payable to: The Community Church of Vero Beach

Please complete registration and parental consent forms and return them to the Church Office with payment.

1901 23rd Street | Vero Beach, FL 32960 | 772-562-3633



we are connected

→ The Community Church of Vero Beach

PARENTAL PERMISSION AND MEDICAL RELEASE FORM

IN AN EFFORT TO FULLY PROTECT ALL CHILDREN PARTICIPATING IN THE ACTIVITIES AND PROGRAMS OF THE COMMUNITY CHURCH OF VERO BEACH, INC., THIS FORM MUST BE COMPLETED AND SIGNED BY AUTHORIZED PARENT(S) OR LEGAL GUARDIAN(S) OF ANY MINOR PRIOR TO THE CHILD'S PARTICIPATION IN CHURCH EVENTS. ALL INFORMATION COLLECTED WILL BE TREATED CONFIDENTIALLY BY CHURCH STAFF AND VOLUNTEER LEADERSHIP.

Personal Information

Child's Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Email Address (if any): _____ Grade: _____

Parent / Guardian: _____ Parent / Guardian: _____

Home Phone: _____ Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Office Phone: _____ Office Phone: _____

Email Address: _____ Email Address: _____

In an emergency if Parent/Guardian cannot be reached, the following people are familiar with this child and may be called:

Alternate 1: _____ Alternate 2: _____

Relationship: _____ Relationship: _____

Phone Numbers: _____ Phone Numbers: _____

Health Information

Known medical or health conditions effecting the child's participation in church activities: _____

Activities this child should be restricted from: _____

Medications and dosages this child takes regularly: _____

Allergies to foods, medications or other: _____

Date of Last Tetanus Shot: _____ Does your child wear: Glasses Contacts (circle one)

Name of Child's Primary Physician: _____ Phone Number: _____

Name of Child's Primary Dentist: _____ Phone Number: _____

Name of Preferred Hospital: _____ City: _____ State: _____

Health Insurance

Name of Insurance Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy Number: _____ Name of Policy Holder: _____

- PLEASE COMPLETE CONSENTS / PERMISSIONS ON BACK -

PLEASE READ THE FOLLOWING CONSENT AGREEMENTS CAREFULLY. TO AGREE TO ANY OF THE FOLLOWING, EACH PARENT / GUARDIAN SHOULD INITIAL IN THE SPACE PROVIDED; TO NOT AGREE, LEAVE BLANK. SIGNATURES AS TO THE AUTHENTICITY OF YOU HAVING COMPLETED THIS FORM IS REQUIRED.

Consent for Participation

I / We the undersigned, having legal custody of the above named minor, give consent for him / her to attend and participate in events, programs and activities of the Community Church of Vero Beach, Inc. and acknowledge and accept the risks of physical injury associated with such participation. I / We hereby release Community Church of Vero Beach, Inc. and its representatives, staff, board members and/or agents from any and all liability for any loss, injury or damage to person or property that may occur during the course of my child's involvement.

Agreed: (initial) _____

Medical Consent

In the event the above mentioned child becomes ill or is injured during an activity of the Community Church of Vero Beach, Inc., I understand a church representative will attempt to contact me / us or our stated emergency contacts as soon as practical. However, I authorize the church leader(s) to take one or more of the following steps as they deem necessary: 1) render first aid; 2) call 911 for medical assistance; 3) permit medical or surgical diagnosis and treatment as deemed appropriate by a recognized health care professional.

Furthermore, I / we agree to hold harmless Community Church of Vero Beach, Inc., and its representatives, staff board members and / or agents free and harmless from any and all claims, demands, law suits, fees, court costs and other sums for damages arising from the giving of such consent and from any action of my child against any person.

I / We also agree that I / we will be ultimately responsible for the costs of any medical care should the cost of that medical care not be reimbursed by the health insurance provider and I / we affirm the health insurance information provided on this sheet is accurate and will remain in force for the minor named above.

Agreed: (initial) _____

Transportation Consent

I / We give permission for the above named minor to ride as a passenger in any vehicle designated by the church leadership whose care the minor has been entrusted while participating in church activities. I / We furthermore agree to bring my / our child home at my / our own expense should the child become ill or if it is deemed necessary by the church leader(s).

Agreed: (initial) _____

Photography Consent

From time to time still and video photography is made of church activities and used in promotional and historical documentation. I / We hereby grant permission the above mentioned minor may be included in photography of church events and activities. I / We hereby irrevocably grant to Community Church of Vero Beach, Inc. the right to use these photographic images as a result of the above mentioned minor's participation in approved activities of the Church.

Agreed: (initial) _____

I / WE, PARENT(S) / LEGAL GUARDIAN(S) OF THE ABOVE SPECIFIED MINOR, DO HEREBY ATTEST THAT I / WE HOLD LEGAL CUSTODY OF THIS CHILD AND DO HEREBY AGREE AND CONSENT AS INITIALED ABOVE. TO THE BEST OF MY / OUR KNOWLEDGE, I / WE HAVE LISTED ALL OF MY CHILD'S ALLERGIES, MEDICAL CONDITIONS, MEDICINES AND OTHER PERTINENT INFORMATION SIGNIFICANT TO MY CHILD'S PARTICIPATION IN ACTIVITIES AT COMMUNITY CHURCH OF VERO BEACH, INC. I FURTHERMORE UNDERSTAND THIS AUTHORIZATION SHALL CONTINUE UNTIL REVOKED OR CHANGED BY ME / US IN WRITING AND DELIVERED TO THE OFFICE OF THE COMMUNITY CHURCH OF VERO BEACH, INC. AND I / WE THEREBY AGREE TO MAKE SUCH CHANGES / REVOCATION IN A TIMELY MANNER.

Signed: _____
SIGNATURE DATE

SIGNATURE DATE

RETURN TO: THE COMMUNITY CHURCH, 1901 - 23RD STREET, VERO BEACH, FL 32960