

羅蘭崗基督徒禮拜堂 兒童暑期聖經班
2024 RHCCC Vacation Bible School
June 24 - 28, 2024 (9am – 3:30pm)



// Registration Form 報名表 //

Name:
姓名

Address:
地址

Phone Number:
電話

() _____ - _____

School Grade in '24-'25:

年級 K 1st 2nd 3rd 4th 5th

Age:

年齡 _____

Date of Birth:

生日 _____ / _____ / _____

Home Church:

所屬教會 _____

Fellowship:

團契 _____

Allergies/Medical Info/Other:

過敏 _____

Emergency Contacts:

緊急聯絡人

Parent/Guardian Name

家長姓名

& Phone Number:

與電話

() _____ - _____

Friend/Relative Name

親友姓名

& Phone Number:

與電話

() _____ - _____

(RHCCC Copy)

Fee 報名費: [] \$70 for Early Bird Registration

[] \$85 for Regular Registration

*T-Shirt Included. Circle Size: XS S M L XL

[] Cash

Rcvd by: _____

(Customer Copy)

Rowland Heights Community Christian Church VBS

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Rcvd by: _____

Rowland Heights Community Christian Church

Parent Permission, Emergency Medical & Waiver of Claim Form

We (I), the parent(s) or legal guardian(s) of _____ (full name of child participant) hereby give permission for him/her to participate in all activities that are held outside of this church, from **June 24th to June 28th of 2024**. These activities are sponsored by the Rowland Heights Community Christian Church (RHCCC) of Rowland Heights, California.

We (I) hereby release, forever discharge and agree to hold harmless RHCCC, leaders, and counselors thereof from any liability, claims, or demands for personal injury, sickness or death, as well as property damage or expenses, of any nature whatsoever which may be incurred by the child participant during this activity or transportation during the activity, or to and from the activity site.

Furthermore, we (I) hereby assume all risk on behalf of our/my child of personal injury, sickness, death, damage, and expense as a result of participating in this activity or as a result of transportation during the activity, or to and from the activity site.

We (I) hereby grant our/my permission to take our/my child participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to X-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care, and assume the responsibility of all medical bills, if any. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

We (I) also hereby give permission for our/my child participant to ride in vehicles designated by the leaders or counselors from RHCCC and will not hold liable the driver of the car in which the child participant rides in for any injury incurred to the child participant during transportation while attending and participating in the activity, and or injuries incurred during transportation to from the activity site.

NAME OF CHILD PARTICIPANT: _____ AGE: _____

HOME PHONE: _____

PARENTS/GUARDIAN WORK PHONES: _____

OTHER EMERGENCY PHONE NUMBERS: _____

HOSPITAL INSURANCE (CIRCLE ONE): YES NO

INSURANCE COMPANY: _____ POLICY NO. _____

PHYSICIAN'S PHONE NUMBER: _____

MEDICAL PROBLEMS/ALLERGIES: _____

(Both parents must sign unless parents are separated or divorced; Guardian, please sign and indicate)

SIGNATURE OF FATHER: _____ DATE: _____

SIGNATURE OF MOTHER: _____ DATE: _____
