



VBS Soccer Camp

August 15th-19th
9am-12pm



Child's Name: _____ Age: _____

Home Phone: _____ Date of Birth: _____

School Grade completed as of 6/2011: Pre-4 K 1
 2 3 4 5 6 7 8

Street Address: _____ Zip: _____

City: Chesapeake Virginia Beach _____

State: Virginia NC _____

Parent(s) name(s): _____

Contact #: (Mom) _____ (Dad) _____

Email: _____

In case of Emergency, contact: _____

Allergies or medical conditions that we need to know about:

Relationship with Centerville Baptist:

- | | |
|---|---|
| <input type="checkbox"/> Members | <input type="checkbox"/> Regular Attenders |
| <input type="checkbox"/> PreSchool Family | <input type="checkbox"/> Extended Care Family |
| <input type="checkbox"/> Visitors | <input type="checkbox"/> _____ |

Do you have a "home" church? Yes No

Name of home church: _____

**2011 Vacation Bible School
Rules of Conduct and Permission Form**

Parents are to apply sunscreen to the child before camp each day!

Campers will wear tennis shoes & socks!

Cleats are not allowed to be worn inside, they may be worn outside only!

Activities may include, but are not limited to: cookout, water games, soccer, Bible studies. *Note: If you desire to limit your child's participation in any activity, please submit your wishes in writing to the church youth pastor prior to the event.*

_____ has my permission to attend all student activities

NAME OF STUDENT

sponsored by **Centerville Baptist Church** (hereinafter the "Church") from **15 August 2011** to **19 August 2011**.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: _____ Date: _____

***Pictures** of the children will be taken throughout the week. Some of these pictures will be used on our website and facebook group.

(No names will be linked to the pictures.)

If you do not wish for your child's picture to be used please sign here:

Parent/Guardian signature: _____