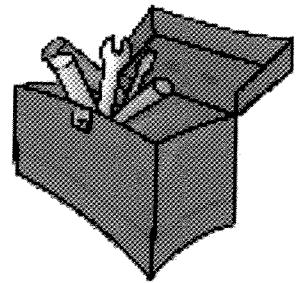


Christ Episcopal Church  
 Vacation Bible Adventure 2009  
 "Under Construction"  
 Child Registration Form



June 15-18, 6:00-8:30PM

Open to all children ages 3-years through incoming 5<sup>th</sup> Graders  
 Pre-Registration: March 29<sup>th</sup>- May 31<sup>st</sup> \$10 per child (t-shirt guaranteed)  
 Late Registration: June 1<sup>st</sup>-15<sup>th</sup> \$12 per child (t-shirt not guaranteed)

Christ Episcopal Church, Cedar Park, TX  
 FM 1431 about 3.5 miles west of Hwy 183 North

For more information call the church office at 267-2428 or visit our website at [www.cectx.org](http://www.cectx.org)

Child's

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in Fall 2009 \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Parent/Guardian Alternate Number: ( ) \_\_\_\_\_

Child's T-shirt Size (please circle) **Child** Small Medium Large **Adult** Small Medium Large

Would parents/guardians like to be contacted to volunteer? Please circle: YES NO

How did you hear about CEC's VBA? \_\_\_\_\_

**Code of Conduct**

I/we understand that our child will be part of a group and will be expected to follow instructions and work with others for the success of the whole group. We have discussed this with our child and he/she has promised to behave appropriately and set a good example for all the children in the group.

I/we also understand that if \_\_\_\_\_ (child's name) is continually disruptive, he/she may be removed from the group or asked to discontinue participation in the Vacation Bible Adventure. We further understand that such action will only be taken after adult leaders have made reasonable attempts to positively redirect my/our child's behavior.

I/we understand and accept the Code of Conduct and hereby give permission for \_\_\_\_\_ (child's name) to attend the Vacation Bible Adventure.

We have also completed the Medical Information and Release on the back of this form.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration forms must be signed and returned to the CEC office by May 31<sup>st</sup>, 2009**  
**Please make checks payable to Christ Episcopal Church and note VBA in the memo.**

Mail Checks and Registration Forms to:  
 CEC- Attn. VBA  
 PO Box 638  
 Cedar Park, TX 78613

**OVER PLEASE...**

**Medical Information and Authorization to Seek Treatment**

Hospitals and medical personnel cannot treat your child without proper authorization. Should your child require any kind of emergency medical attention while in our care, we need your permission to act on your behalf if we cannot reach you. Please complete and sign the medical form below.

Child's Name \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager/Alternate Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dr.'s Number: (    ) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies \_\_\_\_\_

Medications your child takes regularly \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact me/us. If I/we cannot be reached, I/we hereby give the Episcopal Diocese of Texas and its participating parish, Christ Episcopal Church, sponsors, or lay personnel permission to act in my/our behalf in seeking emergency treatment for my/our child, \_\_\_\_\_, should such treatment be deemed necessary. I/we give permission to those administering emergency treatment to take appropriate and necessary measures to care for my/our child. I/we absolve the above named church agencies and individuals from liability in acting on my/our behalf in this regard so long as they have not acted with gross negligence.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Registration forms must be signed and returned with payment to the CEC office by May 31<sup>st</sup>, 2009.