



Sand and Son Beach Blast Adventure



June 13-16, 6:00-8:30PM

Open to all children ages 3-years through incoming 5th Graders

\$15 per child - Registration begins April 3.

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

Child's Name: _____

Birth Date: _____ Age: _____ Grade entering in Fall 2011 _____

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 31st, 2011**

Please make checks payable to Christ Episcopal Church and note VBA in the memo.

Mail Checks and Registration Forms to:

CEC- Attn. VBA

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 31st, 2011.