



Big Trees Community Bible Church
PO Box 527, Arnold, CA
(209)795-2964
malousyv@yahoo.com or
jeffsyv@yahoo.com
www.bigtreeschurch.com

Child's name: _____

Parent/guardian name(s) _____

Parent's home phone: _____ Cell phone: _____

Mailing address: _____

Email address: _____

In case of emergency, contact: _____ at _____

Allergies or other medical conditions: _____

School grade this fall: _____ Your church, if any: _____

MEDICAL RELEASE:

I (we) the undersigned parent(s) of _____, a minor, do hereby authorize adult volunteers of Big Trees Community Bible Church (BTCBC), as agent(s) for the undersigned, to consent to any medical, dental, or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Big Trees Community Bible Church and any of its ministries or leaders during VBS 2018. This agreement does not apply to intentional misconduct or gross negligence.

Parent or legal guardian signature: _____

Parent or legal guardian printed name: _____

PHOTO RELEASE:

I give my permission for my child _____ to be photographed during VBS by a Big Trees Community Bible Church staff member or any other authorized BTCBC volunteer. These pictures may be used in various church communications and/or VBS slideshows.

Parent or legal guardian signature: _____

Parent or legal guardian printed name _____