

# CALVARY CHAPEL RENO-SPARKS VACATION BIBLE SCHOOL

(PLEASE PRINT CLEARLY)

Child 1: Name \_\_\_\_\_ Grade (in Sept) \_\_\_\_\_ Age \_\_\_\_\_

Child 2: Name \_\_\_\_\_ Grade (in Sept) \_\_\_\_\_ Age \_\_\_\_\_

Child 3: Name \_\_\_\_\_ Grade (in Sept) \_\_\_\_\_ Age \_\_\_\_\_

Child 4: Name \_\_\_\_\_ Grade (in Sept) \_\_\_\_\_ Age \_\_\_\_\_

List any medical problems, special medications, diets, allergies, recent major illness or surgery, or activity restrictions:

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 4 \_\_\_\_\_

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Parent's Name: \_\_\_\_\_ Ph. \_\_\_\_\_ Ph. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Alternate Emergency Contact Person \_\_\_\_\_ Ph. \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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If the person who is picking up your child is different than the person dropping off, please fill out a "permission form" available in each classroom.

*Calvary Chapel of Reno-Sparks uses caution in providing for the safety and comfort of all who participate in its activities. However, any activity has inherent possibility for risk and it is important for parents, guardians, and individuals to realize this. By signing this form, the parent, guardian or individual agrees to assume and accept all risks and hazards inherent in the activity. The undersigned also agrees not to hold Calvary Chapel of Reno-Sparks, its agents or employees liable for damages, losses or injuries to the persons or property of the undersigned. The parents or guardians understand that they are signing for the minor or minors listed on this form and the signature is for liability release.*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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