

Silicon Valley Christian Assembly  
3131 Bower Avenue, Santa Clara  
408-988-1888

**SVCA 2013 VBS  
Family Registration Form  
Ministry Activity Consent and Release Form**

**AUGUST 5-9, 9:30AM-12:45PM**  
(lunch included, students must be picked up by 1:00pm each day)

**Registration fee: \$30 4/14 - 6/16 (\$50 6/17 - 7/14) per student**

**Please make check payable to: SVCA and indicate for VBS**

**Registration dateline is: July 14, 2013 Please mail to our church office or drop it off at the VBS BOX ASAP. Space is limited.**

**For: entering Kindergarten to 5<sup>th</sup> grade in Fall**

(proof of age may be required upon request)

The priority of the registration will be processed in the order received. The registration will be closed when the space is filled or the deadline is met, whichever is first. VBS will inform you with full refund if your child is not accepted to the program.

**CODE OF CONDUCTS:**

Children participating in VBS are expected to respect their teachers and staffs, and follow their instructions. Children are also expected to be courteous to one another. Violators of the code of conducts may be removed from their groups and/or activities. Parents may be called to pick up their child for persistent violations.

# VBS REGISTRATION FORM

## Student

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade in fall 2013: \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade in fall 2013: \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade in fall 2013: \_\_\_\_\_

### CURRENT ADDRESS:

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Telephone: (H): \_\_\_\_\_ Cell: \_\_\_\_\_  
Dad's work phone: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_  
Mom's work phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

### Emergency contact person: (Person who may be contacted if parent cannot be reached in case of emergency)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Group # \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Liability waiver:  
the undersigned, in consideration of participation in VBS agrees to indemnify and hold the Silicon Valley Christian Assembly(SVCA, its pastors, elders, Elders, Deacons, and VBS volunteers staffs) harmless and release SVCA from any and all liability for any injury which may be suffered by the named individual registered in the VBS, arising out of or in any way connected with participation in this program. I have read the above application and agreement, and fully understand that I assume all risks for injuries received.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Any special needs or food allergy for your child:

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Check No :  
Receiver :

## Ministry Activity Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child, (name as follows),

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participating in the Silicon Valley Christian Assembly(SVCA) Vacation Bible School activities, including classroom, assemblies, craft, recreation, water fight, and snack, an event sponsored by SVCA on August 5-9, 2013.

If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I can't be reached, I hereby authorized the church administrator or church official to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Silicon Valley Christian Assembly and it's agents, staffs and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

PHOTOGRAPHY: I understand that pictures and videos will be taken of children participating in various Vacation Bible School activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELESE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is legally binding agreement that I have read and understand.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical condition to be aware of: \_\_\_\_\_

Telephone numbers where I may be reached in an emergency:

\_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_