

Vacation Bible School

June 21-25

9:00a - 12:00p



Swashbuckling Bible adventures

Wild games

Incredible music

Lip-smacking snacks

Amazing crafts

New friends

Ages: 4 yrs - 5th grade

Registration: \$20

After June 14: \$30

Space is limited!

Please register ASAP

1st Time Families receive
a \$5 discount (per child)

Scholarships Available

Call the church for more info

First Presbyterian Church

9 South 8th Ave

Yakima, Wa 98902

(509) 248-7940

www.fpcyakima.com

VBS Child Registration

Children 4 years old - up to children going into the 5th grade.

Parent/Guardian Name(s) _____ Email _____

Family Address _____ City _____ Zip _____

Family Phone _____ Daytime Emergency Phone(s) _____

Home Church: **First Presbyterian** **None** **Other** _____

How did you hear about VBS? Church Flyer A friend invited me -- Friend's Name: _____

Child's Name	M/F	Age	Birthdate M/D/Y	Grade in Fall	T-Shirt Size *	First Time @VBS?		Allergies, Health Issues	Special Requests (A friend or teacher preference)
						Yes	No		

Mail checks payable to FPC to FPC 9 S 8th Ave Yakima, WA 98902

*T-Shirt Sizes: Youth: S(6-8), M(10-12), L(14-16)
Adult: S(34-36), M(38-40), L(42-44), XL(46-48)

Authorization to Consent to Treatment of Minor

A parent/legal guardian only must sign this medical release/consent form for each child registered in order to attend Vacation Bible School. The undersigned hereby authorizes the First Presbyterian Church as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington to the minor children listed on this card, when such treatment is deemed necessary by such physician, and we cannot be reached within a reasonable time, by reason of absence from the community, or otherwise.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatments, tests, x-ray examinations, transfusions, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his discretion on authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through June 2010 unless sooner revoked in writing by the undersigned or at such time that the child's attendance at this church is terminated and the church is so notified by the child's parent/guardian.

In addition, my child's picture may be used in FPC publications (website, brochures, etc.) for ministry purposes. I waive any right to compensation or any right that I otherwise might have to limit or control such making or use.

Parent / Legal Guardian Signature _____ Date _____

For Office:

Amt Pd. _____
Check # _____
Receipt # _____
Date Pd _____