



# Breakaway to the Great Frontier

## 2009 EVENING SUMMER VACATION BIBLE SCHOOL

# CHILD REGISTRATION

FOR CHILDREN AGES 4 YEARS OLD (AS OF JULY 6TH) THROUGH 6TH GRADE (THIS FALL)

*Note: completed registration forms must include payment when submitted*

**NORMAL REGISTRATION FEES**

**\$25** pre-registration through 7/6/09 (\$23 per child if registering two or more children)

**\$30** just-in-time registration after 7/6/09 (\$28 per child if registering two or more children)

*Fees are \$10 per day per child for children who are able to attend for only one or two days.*

**NORMAL REGISTRATION FEES FOR CHILDREN OF VOLUNTEERS ONLY \***

**\$15** pre-registration through 7/6/09 (\$13 per child if registering two or more children) \*

**\$20** just-in-time registration after 7/6/09 (\$18 per child if registering two or more children) \*

*\* Discounts to volunteers are distributed as cash rebates AFTER Breakaway is completed.*

**CHILD'S INFORMATION**

child's first name	child's last name	home phone
gender (M or F)	date of birth w/year	school grade in fall 2009
address		
city, state, zip code		
child's t-shirt size (circle one)    S (6-8)    M (10-12)    L (14-16)    XL (18-20)		

**PARENT INFORMATION**

parent's first name	parent's last name	home phone
address (if different than above)		
e-mail address		cell phone

**EMERGENCY MEDICAL INFORMATION (while child is at Breakaway)**

alternate contact first name	alternate contact last name	home phone
work phone	cell phone	other contact info
child's physician	physician's phone number	
special circumstances/physical limitations (allergies, health issues, etc.)		
please explain if child is taking any medications		
please explain if child is under a physician's care		

CONTINUED ON REVERSE SIDE

**MEDICAL RELEASE**

I, the undersigned parent or guardian of the child named on this form, a minor, have legal authority, and do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment, and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility for any costs connected with such treatment.

This release from is completed and signed of my own free will with the purpose of granting my child listed above permission to participate in the Breakaway Program, authorizing medical treatment under any emergency circumstances in my absence.

parent/guardian name (printed)

parent/guardian signature

date

**PERMISSION STATEMENT**

MODEL RELEASE: For promotional purposes, videos and photographs are taken at Breakaway 2009. Your registration constitutes permission for Bayside-Woodland to use your child's picture in promotional materials.

LIABILITY RELEASE: I understand that the Breakaway program is conducted by Bayside Church - Woodland through its employees, volunteers, participants, and others acting on Bayside's behalf, all of whom are referred to together as "Bayside" in this liability release. In consideration for the services provided through the Breakaway Program, I hereby agree to release and discharge all of the parties referred to as Bayside above as follows:

I voluntarily chose to allow my child to participate regardless of the risks in participating in the Breakaway Program. I understand and acknowledge that the Breakaway Program includes activities with a risk of injury or death. I expressly agree to accept and assume all risks arising from, or relating to, my child's participation in the Breakaway Program, including the risk of acts or omissions by Bayside constituting ordinary or gross negligence. I assume these risks both on my own behalf as parent or legal guardian of the child I am registering and on the behalf of my child's own rights.

I acknowledge that this agreement extends not only to any rights I may have as the parent of my child, but to my child's own rights as well. This release form is complete and signed of my own free will with the purpose of granting my child listed above permission to participate in the Breakaway Program. I have had the sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

parent/guardian signature

date

Please make checks payable to **Bayside Church - Woodland**. Return this registration form **with payment** to the Breakaway table at Sunday worship services, or mail this form **with payment** to the address below in time to arrive by July 3rd (do not mail cash), or bring this form **with payment** to the check-in table at Breakaway on or after July 7th.

If you have any questions, contact the Breakaway Director DARIN WILLIAMS at 530-312-2375 or at [Darin@BaysideWoodland.com](mailto:Darin@BaysideWoodland.com).

**Bayside Church - Woodland, Attn: Breakaway, P.O. Box 2389, Woodland, CA 95776 (2101 Freeway Drive)**