

Christ Fellowship 637-4350
www.christfellowshipollister.org



SCUBA VBS 2024
July 22-26
9 am - 12:00

Children Ages 5 years (by 9/1) - 5th Grade
1 child =\$45 2 siblings =\$75 3+ sibs =\$95
Register before July 14th

Fill out the form below and turn it into the church office at 2066 San Benito Street
You can also register online through CFH website or scan the code on the back.

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Name _____ Age _____ Grade _____

Date of Birth _____ Email _____

Address _____

Parents Name _____ Ph# _____

Emergency Contact _____ Ph# _____

Allergies/Medical Conditions _____

T-shirt size – circle one:

Child Medium / Child Large or Adult Small / Adult Medium / Adult Large/ Other _____

I have read and understand the assumption of risk, release indemnity, consent and authorization for emergency medical treatment, and release for photography and use of likeness found on page two. If so, please sign here:

Parent /guardian signature _____ Date _____



Assumption of Risk, Release and Indemnity: In consideration for being allowed to participate in the activities set forth above, the parent(s) or legal guardian(s) (GUARDIAN) of the minor participant (MINOR) do hereby agree to release, indemnify and hold harmless Christ Fellowship Church, aka First Presbyterian Church, Hollister, (CHURCH) for and from any and all claims, suits, damages, or causes of action which arise out of said activities. By signing below, GUARDIAN also acknowledge in advance that MINOR'S participation in said activities involves certain inherent risks, including risk of injury, or even death, which risks GUARDIAN hereby assumes now on behalf of MINOR, in advance.

Consent and Authorization for Emergency Medical Treatment: By signing below, GUARDIAN represents that they have legal custody of MINOR and therefore grants temporary authorization and consent to CHURCH to administer general first aid treatment for any injuries experienced by MINOR. If the injury is life-threatening or in need of emergency treatment, GUARDIAN authorizes CHURCH to obtain all necessary emergency medical treatment to attend, transport and treat MINOR and to issue consent for any X-Ray, anesthetic, blood transfusions, medication or other medical treatment or care deemed advisable and to be provided by any licensed physician, surgeon, dentist, hospital or other medical professional duly licensed in California. GUARDIAN understand that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of CHURCH in exercise of their best judgment upon the advice of any such medical or emergency personnel. GUARDIAN further represents that they have disclosed any relevant medical ailments, allegories or conditions of MINOR to CHURCH.

Release for Photography and Use of Likeness: By signing below, GUARDIAN also provides CHURCH with permission and authority to use photographic images or videos of MINOR on the website, in print materials, social media or other materials owned by or connected directly with CHURCH, only.

If GUARDIAN **declines** to provide such consent or authorization, they shall so indicate by initialing here: _____