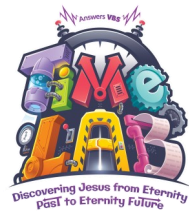




# Register Me for Time Lab!



Child's Name: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_

T-shirt Size: ChildXS ChildS ChildM ChildL ChildXL AdultXS AdultS AdultM AdultL AdultXL

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

Parents/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies Y \_\_\_\_\_ N \_\_\_\_\_ List: \_\_\_\_\_

Medical Concerns Y \_\_\_\_\_ N \_\_\_\_\_ List: \_\_\_\_\_

Paid     Scholarship

**How did you hear about VBS?**

Street Sign     Online     Word of Mouth

## Permission to Use Images and Video

*I hereby grant permission for East Valley Church to record sounds, images, or video of my child while attending Time Lab. I also give permission for East Valley Church at its sole discretion to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by East Valley Church in relation to Time Lab.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical Release

*California Civil Code Section 25.8 expressly provides that a parent may authorize an adult who custody a child is entrusted to consent to necessary medical and dental treatment, to wit: Either parent, or guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the Medicine Provisions Act: or to x-ray examinations, anesthesia, dental, and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.*

*Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize any representative of East Valley Church to procure emergency medical, hospital, or dental care for my child. In the event of injury or illness while the child is in the care of the above named adult. I understand and agree that I am financially responsible for any care so procured.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date