

BARDSDALE UNITED METHODIST CHURCH

VACATION BIBLE SCHOOL - JUNE 24 TO JUNE 28, 2019

FROM 9 AM TO 12 NOON FOR Ages Kindergarten AND UP

MARS AND BEYOND

EARLY REGISTRATION BEFORE JUNE 7th - \$30 per child/\$50 per family

LATE REGISTRATION BETWEEN JUNE 7th & 20th - \$40 per child/\$60 per family

REGISTRATION AT THE DOOR - \$50 per child/\$70 per family

(includes 5 days supervised activities, daily snack)

Do you need a **SCHOLARSHIP – Please Explain:**

I/We, the undersigned parent(s) /guardian(s) of _____,
a minor child, do hereby authorize officials of the Bardsdale United Methodist Church, as agents of the undersigned guardian, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care deemed advisable by and to be rendered under the general or special supervision of a physician of the medical staff or emergency room licensed under the provisions of the Medical Practice Act and on the staff of any acute hospital holding current license to operate a hospital in the State of California per the California Department of Public Health.

It is understood that this authorization is given in advance of any 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 or her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned guardian prior to rendering treatment to the minor child (except in the case of a life-threatening emergency), but that any of the above treatment will not be withheld if the undersigned guardian cannot be reached.

Medical Insurance: _____ Policy# _____

Bardsdale United Methodist Church will not be responsible or held liable for the cost or outcome of such care. This medical authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is to be in effect while the minor child listed is participating in any Bardsdale United Methodist Church related events and/or programs.

By signing this release, I agree to indemnify and hold harmless the Bardsdale United Methodist Church and/or staff/volunteers in case of any illness, injury, liability, expense or loss as a result of my minor child (listed above) participating in any of the BUMC events and/or programs.

Photo Release:

I agree that the above-named minor child may be photographed or videotaped during all activities and that this photo/video may be used - **without the participant's name included** - by BUMC in publicity, i.e. brochures, internet postings, website postings and media contacts. I acknowledge that no further notice is needed by BUMC prior to the release of the photo/video. Please initial by your appropriate photo release response: ___ Yes, I approve ___ No, I do not approve

Signature of Parent/Guardian

Date

**Please send your registration and payment to: Bardsdale United Methodist Church
1498 Bardsdale Ave., Fillmore, Calif. 93015 questions call (805) 524-2070**