

**MEDICAL RELEASE for Avalanche Ranch  
Parents Medical Release for**

\_\_\_\_\_  
**(name of child)**

I, the undersigned parent or guardian, grant permission for the above named to attend Crossroad's Vacation Bible School. In the event of an emergency where medical treatment is required, I give permission to the church VBS leader to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified expeditiously concerning any such emergency. I hereby release and discharge the adult leaders, event staff and Crossroads Church from any and all debts, judgments or suits of any kind that may arise by my child's authorized participation in this event. Payment of any medical expenses will be paid by me or by my insurance company according to the information that I(we)provide.

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Parent/Guardian

Printed Name \_\_\_\_\_

Family Doctor / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_

**PHOTO RELEASE:**

I give permission to Crossroads Church to photograph my child at Avalanche Ranch Vacation Bible School. I give permission to copyright, use, and publish the photographs for any lawful purpose, including newspaper articles, church publications, and the church website.

I have read and understand the above:

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Parent or Guardian

Printed Name \_\_\_\_\_



**2009 Bi-lingual VBS Registration Form**

Sun., June 28<sup>th</sup> – Thurs, July 2<sup>nd</sup> from 6-8:30 pm  
Friday July 3, All participants are invited to ride in the  
Albert Lea Parade!

Sunday July 5, All participants are invited to sing at the  
10:30 AM service

(look for more information during the week of VBS)

**YES! I want to do Vacation Bible School! Sign me up!**

This year's VBS theme is Avalanche Ranch! It will be bi-lingual and will serve as an excellent learning and ministry experience for our Crossroads kids!

There will be a whole lot of fun for children ages 3 years through 6th grade.

Three-year-olds **must** be three by January 1, 2009.

Child's name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

Information about your child that will help us care for him/her: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Yes, I'm willing to help! (contact Susan Kliment at 507-377-3276)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_



**Crossroads Church is located at  
3402 Hoeger Lane, Albert Lea, MN 56007  
Main Office Phone Number is: 507-377-3276**

