

GCAC Vacation Bible Day Camp 2017 Registration Form

Please Print clearly and Include all the information requested.

Name: _____
(Last) (First) (Nick name)

Address: _____

City: _____ Zip Code _____

Birthday: _____ Grade Completed by June 2017 _____

Parent/Guardian
Name: _____

Phone _____
(Home) (Cell)

Email _____

How did you hear about our Day Camp? _____

Attend Church? No Yes, _____
(Church Name)

Hobbies/Interests _____

Purchase optional VBS music CD (\$3)? Yes No

Emergency
Contact: _____
(Name) (Relationship) (Phone)

Medical
Plan: _____
(Company) (Doctor) (Phone)

Medical Restrictions/
Allergies: _____

I give permission for my son/daughter to participate in the Grace Chinese Alliance Church Vacation Bible Day Camp program. In the event of a medical emergency, I give the person(s) in charge the medical authorization for emergency treatment for my child if I cannot be reached. I understand that GCAC and its staff are not liable for actions taken for any medical emergency. **Note: This permission will only be used if the parent/ guardian cannot be reached.**

I give permission to use my child's photo for non-commercial use.

Parent/ Guardian's Signature: _____

Please return completed form(s) & enclose check(s) to:
GCAC, 1630 Grant Street, Concord, CA 94520 **Before 7/9/17**

