



P.O. Box 4278, Sunriver, OR 97707- children@cbcsunriver.org – 541-593-8341

Student's Name _____ male / female

Birthdate ____/____/____ Grade in the Fall 2022 (circle one) 7 8 9 10 11 12

Mailing Address _____ City _____ ST _____ ZIP _____

Email Address: _____ Phone# _____

Church Affiliation/Home Church _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

Emergency Contact, Name _____ Phone # _____

Any Medications Being Taken? _____ Any Allergies? _____ Any Activity Restrictions? _____

Where would you prefer to serve?

- Preschool (circle age choice) Pre K & K Children (circle age choice) – 1 & 2, 3 & 4, or 5 & 6
Crafts Recreation Music Worship Team Photographer

I will strive to:

- Attend Kids Evening Camp Volunteer Meeting, TBA.
Be a godly example and an encouragement to the children, parents, and other volunteers.
Attend every evening (unless prior arrangements have been made).
Arrive on time (5:00 pm for staff dinner and devotions in Youth Room; 5:45 pm at the team start lines).
Come prepared to fulfill my responsibilities; wear provided name tag.
Be pro-active in helping adult leaders.
Put the children first and remain with assigned group.
Avoid rough-house with children or other youth volunteers.
Avoid using cell phone (text) during Kids Evening Camp.

Student Signature _____ Date _____

LIABILITY RELEASE

I, _____, the parent or guardian (circle one) fully consent to _____ (youth's name) participating in Kids Evening Camp 2022 sponsored by Community Bible Church at Sunriver, Oregon. I HEREBY indemnify and release Community Bible Church and its pastors, elders, affiliates, directors, and agents from any and all civil liability, claims or lawsuits. This authorization shall remain in effect through June 23, 2022, unless sooner revoked in writing and delivered to said agents associated with the aforesaid activity.

Signature of Parent or Legal Guardian _____ Date _____

AUTHORIZATION TO PROVIDE TREATMENT

I, the undersigned, do hereby authorize COMMUNITY BIBLE CHURCH as agents for the undersigned to seek medical care for my child and consent to X-ray, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision any physician and/or surgeon licensed under the provisions of the PHYSICIANS AND SURGEONS ACT and on the medical staff of a licensed hospital, whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that every effort will be made to contact me in any emergency. It is also understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician, in the exercise of his/her best judgment may deem necessary and advisable. Furthermore, the services of the Sunriver Fire Department medical personnel are specifically deemed covered by this authorization.

Signature of Parent or Legal Guardian _____ Date _____