

VALLEY CHRISTIAN SCHOOL SUMMER PROGRAM

2017 - CAMP REGISTRATION FORM

IMPORTANT: PLEASE COMPLETE FORM AND MAIL WITH \$50 CAMP FEE TO:

VALLEY CHRISTIAN SCHOOL
C/O VCS SUMMER PROGRAM
2526 SUNSET LANE
MISSOULA, MT 59804

_____, has the permission of his/her parent(s) _____
(Print Student's Name) (Print Parent/Guardian's Name)

to participate in the Valley Christian School Summer Program and appear in any publicity materials for the VCS summer program. Any action or conduct by the above-named student which is contrary to the direction of the VCS Summer Program Staff or conduct which the staff deems improper may, in the discretion of the Athletic Director, result in the above mentioned student being suspended or expelled from further participation in the program. If necessary, the student will be sent home.

The student and parent(s)/guardian(s) hereby authorize the VCS Summer Program staff to take any action, which reasonably appears necessary to procure medical attention, in connection with any accident or illness of the above named student when participating in this program.

In all cases where major medical attention is needed, attempts to notify the parent(s)/guardian(s) will be made prior to the treatment, unless there is an emergency requiring an immediate decision. In such an emergency, the VCS Summer Program staff is hereby authorized to make all decisions concerning emergency medical treatment, subject only to the requirement that such decisions be made in a reasonable manner.

The student and the parent(s)/guardian(s) hereby authorize the site leader to take any action, which reasonably appears necessary, including authority to make necessary signatures for the student and/or parent(s) /guardian(s) in all other cases of emergency.

The above-named student and his/her parent(s)/guardian(s) agree to hold harmless the Valley Christian School and the VCS Summer Program staff or his/her duly successor, hereafter referred to as "VCS staff", for any and all accidents, illness, injury, death, or other loss expenses or damages arising out of the entire trip and activities to, from and within the Summer program.

Signature of Parent/Guardian _____ Date _____

VCS SUMMER PROGRAM EMERGENCY INFORMATION FORM

PLEASE PRINT CLEARLY AND UPDATE AS NECESSARY!!

REGISTRATION INFORMATION:

Child's Name _____ Child's Date of Birth _____

Grade for Fall/2017 (Please Check One): 2 3 4 5 6 7 8

Sport: (Please Check) Basketball Football Volleyball Mini-Sports

Camp: (Please √):

Week 1 Session 1 Session 2

Week 2 Session 1 Session 2

Week 3 Session 1 Session 2

How is your child going to get home? Walk Picked up by _____

Parent/Guardian's Name _____ Date _____

Parent/Guardian's Phone _____ Work Phone _____ Other Phone: _____

Address _____ State _____ Zip _____

Alternate Contact's Name _____ Alternate Contact's Phone _____

MEDICAL HISTORY:

(Circle One)

YES NO 1. Will your child need to take any medications while participating?
If yes, please contact Sharla Sweet, at info@valleychristian.org

YES NO 2. Do you have any emergency medications that need to be available to them at all times?
If yes, please list and why? (i.e. Epi-pen for bee stings):

YES NO 3. Do you take any medications regularly? If yes, please list WHAT AND WHY?

YES NO 4. Do you have any allergies (this includes food allergies)?
If yes, please list and medications needed if any:

YES NO 5. Do you have any respiratory problems (i.e. asthma)? If yes, please list:

YES NO 6. Do you use medication to ease symptoms during exercise? (i.e. inhaler)
If yes, please list:

Signature of Parent/Guardian _____ Date _____