



# JESUS IS MY SUPERHERO!

## 2019 VBS

### Hammond's House

135 Front St Sumas

For children 5-11 years

Cost: Free!

When: August 5-9th from 1:00-3:30pm

For more info: Chad @ (503) 933-9270

Please sign the model release form and bring to camp

Fill out for all children in the family who will be attending camp and mail to CEF or bring to camp on your first day.

#### Names:

1. \_\_\_\_\_ age \_\_\_\_\_  
2. \_\_\_\_\_ age \_\_\_\_\_  
3. \_\_\_\_\_ age \_\_\_\_\_  
4. \_\_\_\_\_ age \_\_\_\_\_

Head of the home: \_\_\_\_\_

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

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Special Comments: (things we need to know about your children?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Child Evangelism Fellowship's JESUS IS MY SUPERHERO! 2019 VBS

### Medical Release Form

(For your protection if your child would need medical help while attending our VBS)

Family Name \_\_\_\_\_

First Names of children attending:

1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Notify in case of emergency:

\_\_\_\_\_ phone # \_\_\_\_\_

In case of emergency, I understand that after every effort is made to contact me and if I can't be reached, I hereby give permission to the VBS Staff to secure the needed medical treatment. I agree to pay any costs that may be incurred.

Family Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ Dates of last tetanus shot:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
4 \_\_\_\_\_

Food or drug allergies? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Feel free to mail Registration and Medical  
Release Form to the CEF office:

CEF Whatcom County  
P.O. Box 3137 Ferndale, WA 98248