

July 12th - 16th

9:00 AM to 12:00 PM
At Eastridge Church
14100 SE Sunnyside Rd.
in Clackamas
(S of Sunnyside Rd.)



Let's go! Join the fun as we explore the mighty love of God! Get ready for a swashbuckling adventure through God's Word to discover his powerful love! Children ages K-6th grade are invited to join in the fun for this very exciting bible school program!!! Bring a friend along for the ride!

How much is it? \$15 per child or \$40 for a family of 3 or more.
\$12 for Kids Club T-shirt (optional) - MUST order & pay for by 7/2/10.

How do I sign up? Return your registration, registration fee and medical release by either bringing it to church or mailing it to:

Eastridge Church
14100 SE Sunnyside Rd.
Clackamas, OR 97015

Contact Danae Marquez @ 503.855.3970 or email danae@eastridgechurch.org with any questions

Last Name _____

Children from Family registering:

<u>First Name</u>	<u>M/F</u>	<u>Birthdate</u>	<u>Grade Entering</u>	<u>T-Shirt Size (if ordering)</u>	<u>Memory CD-Rom</u>
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Total: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name and Number: _____

What church do you attend regularly, if any? _____

You were invited by, or want to buddy with? _____

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR AND RELEASE
FROM LIABILITY**

I, the undersigned parent (legal guardian) of _____, a minor, understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby authorize Eastridge Church, as an agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by licensed physicians under the provisions of the PHYSICIANS AND SURGEONS ACT and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is 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 the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.

I hereby release and discharge, on my own behalf or on behalf of my minor child, Eastridge Church, their staff, volunteers, from any and all actions, causes of action, claims, damages, demands, injuries and liabilities of any nature whatsoever, my I also agree to assume financial responsibility for my care and/or that of my minor child.

Parent Signature: _____

Date: _____

Other Important Medical Information:

Allergies, Conditions, Treatments or special needs we should be aware of:

Medical Ins. Co.: _____

Policy# _____

Preferred Hospital: _____

Doctor Name/Phone #: _____