

July 6th - 10th

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



Fear Not! Come join the fun as we learn about God's Power at Crocodile Dock! Bring your safari hats, binoculars and your imagination through this week of discoveries! We'll learn important lessons about how awesome God is and why we should worship him! 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? \$12 per child or \$30 for a family of 3 or more.
 \$12 for Kids Club T-shirt (optional) - MUST order & pay for by 6/26/09.
 \$3 for Kids Club Memory CD-Rom (optional) this new addition is a great way to take the learning home after the program is completed. This can be ordered up to Friday July 11th and will either be given at church Sunday July 13th or mailed out that week.

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? _____

Do you allow your child's picture to be in the Memory CD-ROM? (Circle one) YES NO

**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 #: _____