



## 2010 PVBC "Annual Pass" for Youth

Child's Name \_\_\_\_\_

(please use separate form for each child)

Child's Address \_\_\_\_\_

Parent's Contact Phone/email address \_\_\_\_\_

I do hereby release **Palos Verdes Baptist Church** and its representatives from any and all liability that may be incurred by my child's participation in any activity that is officially sponsored by PVBC during the 2010 calendar year. I also hereby authorize those in charge to consent to and administer any medical aid necessary in case of emergency. If my child has a problem with the rules and authority, I agree to pick up my child immediately at my expense. I also give my permission for the use of photographs containing my child in future PVBC promotional materials.

Allergies: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

Emergency contact persons and phone number (at least two)

Health insurance: \_\_\_\_\_

Policy/Group number: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date \_\_\_\_\_

Privacy assurance: This information will be kept strictly confidential and will be shared with youth staff members only when necessary.

Return this to Kevin Matsuguma. 4010 Palos Verdes Drive North, Suite 101, Rolling Hills Estates, CA, 90274. Thank you!