



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®
Reaching children worldwide™

Child Evangelism Fellowship of Southern California
South Santa Barbara County Committee
5-Day Club



Child's name: _____ Birth date: _____ Gender: _____

Parent/Guardian name(s): _____

Parent/Guardian primary phone: _____ Secondary phone: _____

Mailing address: _____

Home e-mail address: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian cannot be reached) we should contact:

Name: _____

Relationship to child: _____ Telephone: _____

Please list any allergies (including grass and bee stings), medical or other special conditions we should be aware of: _____

_____ Will your child be carrying an epi-pen? Yes No **OR** will you be giving one to us? Yes No

The people responsible for picking up this child at the end of each camp day is:

Name: _____ Telephone: _____ M__ Tu__ W__ Th__ F__

Name: _____ Telephone: _____ M__ Tu__ W__ Th__ F__

Name: _____ Telephone: _____ M__ Tu__ W__ Th__ F__

Check here if your child will be walking home from the 5-Day Club.

_____ (child's name) has my permission to attend the Drawing 5-Day Club

Signature of Parent/Guardian

Date

In order to secure a place at the 5-Day Club, please return this form and the medical release form by: **Friday, July 28, 2017**



5-Day Club Release and Consent Form



Liability Release and Consent for Treatment In the unlikely event that my child is injured while participating in activities at 5-Day Club® and other official CEF activities or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for CEF granting my child permission to participate at CEF activities, I hereby release Child Evangelism Fellowship of Southern California, its employees and volunteers from liability or injuries occurring in CEF activities.

In case of emergency, I hereby authorize CEF South Santa Barbara County Chapter to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

Liability Release, Consent for release of information and for treatment (choose one) YES
OR NO

List allergies, medical or other special conditions we should be aware of:

Will your child be carrying an epi-pen or inhaler? Yes OR No

Model Release (Use of photographs) Pictures or video may be taken during the 5-Day Club for the use of promoting CEF activities. I **ALLOW** CEF to use photos of my child for promotional and advertising purpose:

Model Release (Choose one) YES OR NO

TRANSPORTATION Please be aware that there will be no transportation provided by the church or CEF for your child / ward to return home, and you therefore need to make arrangements for them to be picked up at 12:00 pm each day.

I acknowledge that I have read and completed the above information:

Print full name of Parent/Guardian

Signature of Parent/Guardian of Participant

Date (xx/xx/xxxx)