



A CONFERENCE FOR HIGH SCHOOL STUDENTS:

Do you want to be...

ABLE to know your faith is true?

ABLE to make wise decisions?

ABLE to be a leader among your friends?

ABLE to share your faith in Christ with others?

This ABLE conference is three and a half jammed packed days of worship, fellowship, and teaching featuring our guest speaker...

Sean McDowell

Our goal is to make you ABLE!

Cost: \$100

Date: Aug 4-7, 2010

Times: 8:00AM-10:00PM (Wed-Fri) 8:00AM-4:00PM (Sat)

Places: Valley Community Church—in the Hall

During the conference we will head downtown Pleasanton, hike the Pleasanton ridge, and serve in Tri Valley area or Oakland.

Devotions; Music; Worship; Sessions with Sean McDowell; Small Group Discussions; Praying; Fasting; (for those who chose to participate); Serving others; Planning; & Hanging Out are some of what you can look forward to.

Register now!

VALLEY COMMUNITY CHURCH
MEDICAL AND LIABILITY RELEASE for Students



Staff

Cost: \$100

Last Name:

Event: A.B.L.E. at VCC, Pleasanton Ridge, Oakland
Dates: AUGUST 4-7, 2010

PERSONAL INFORMATION

M/F: _____

Last Name: _____ First Name: _____ Age: _____ DOB: ____/____/____

Home Phone: _____ Cell# & Carrier: _____ Grade: _____ School: _____
Student's---Carrier needed to TEXT (2008-09)

Address: _____ City/State: _____ Zip: _____

Student's Email: _____ Parent's Email: _____

Father's Name: _____ Tel: _____ Cell Phone: _____

Mother's Name: _____ Tel: _____ Cell Phone: _____
(List phone #'s where you can be reached during the trip dates)

Emergency Contact *(other than parent)*: _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Insured ID #: _____

I want to room with: _____ No changes will be made the week of the trip.

First:

MEDICAL HISTORY

Date of last Tetanus: ____/____/____

Have you been a patient in the hospital during the past 2 years? Yes [] No []

Have you been under the care of a medical doctor during the past 2 years? Yes [] No []

Have you had surgery? If yes, please list date & type _____ Yes [] No []

Have you taken any medicine or drugs during the past 2 years? Yes [] No []

What medicines do you take now? List name & dosage _____

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE and give details (i.e. include normal treatment of allergic reactions, types of reactions, food allergic to, etc.) of any of the checked conditions below and any other serious illness not listed *(use add'l page if nec)*: _____

CONDITION	X	CONDITION	X	CONDITION	X	REACTION
Stomach Problems		Asthma		Drug Allergies		
Frequent Colds		Excessive Whinning		Food Allergies		
Epilepsy/Seizure Disorder		Physical Handicap		Environmental Allergies		
Diabetes		Behavior/Nervous Disorder		Insect Stings		
Heart Condition		Vegetarian		Special Diet		
Other (note in next column)						

RESTRICTIONS

Swimming Restrictions: Yes [] No [] Activity Restrictions: Yes [] No [] Other restrictions *(please specify)*: _____

OTHER PERTINENT MEDICAL INFORMATION

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please send us the information necessary to ensure proper medical service if necessary: _____

List any other medical information or special needs we should be aware of: _____

VALLEY COMMUNITY CHURCH
MEDICAL AND LIABILITY RELEASE for Students and Staff



Event: A.B.L.E. at VCC, Pleasanton Ridge, Oakland
Dates: AUGUST 4-7, 2010

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

While VALLEY COMMUNITY CHURCH makes every effort to provide a safe and pleasant environment for your child, we do require that this participation agreement be read, filled out, and signed and dated by the parent or legal guardian or each child who wishes to participate in the activities/trips planned and/or held by VALLEY COMMUNITY CHURCH.

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes VALLEY COMMUNITY CHURCH, Pleasanton, California, acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect for the duration of the trip, unless revoked in writing by participant or participant's parent or guardian, as the case may be. VALLEY COMMUNITY CHURCH and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/ guardian(s), if applicable) will reimburse VALLEY COMMUNITY CHURCH for the reasonable cost of transporting participant from the event location to VALLEY COMMUNITY CHURCH. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes VALLEY COMMUNITY CHURCH and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit, in an appropriate manner, without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless VALLEY COMMUNITY CHURCH and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges VALLEY COMMUNITY CHURCH and such persons from any liability or claim against VALLEY COMMUNITY CHURCH or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. VALLEY COMMUNITY CHURCH does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

PRINT Participant LAST NAME: _____ FIRST NAME: _____

Participant Signature: _____ Date: ____/____/____

PRINT PARENT OR GUARDIAN NAME: _____

Parent (with custody of Participant) or Guardian Signature: _____ Date: ____/____/____