

BREAKER ROCK BEACH

A stylized illustration of a large, dark grey rock formation with a jagged peak. In the foreground, a spotted seal is on the sandy beach. To the right, an orca is breaching the water. The background features blue waves and several seagulls flying in the sky. The title 'BREAKER ROCK BEACH' is written in a large, red, arched font across the top.

**GOD'S ROCK-SOLID TRUTH IN A
WORLD OF SHIFTING SANDS**

ROMANS 12:2

VACATION BIBLE SCHOOL
July 8-11, 2024 9am-Noon
Pre-K to 5th Grade

Cascades Presbyterian Church
9503 NE 86th St
Vancouver WA 98662
(360) 892-6613 office@caspres.org



**PERMISSION/MEDICAL RELEASE FORM
2024**

Student's Name _____ Date of Birth _____ ☐ Male ☐ Female
Address _____ Student Cell Phone _____
Names of Parents/Guardians _____
Home Phone _____ Work Phone _____ Cell Phones _____
Email _____

Persons to call if Parent or Guardian cannot be reached in case of emergency:

Name _____ Phone _____
Name _____ Phone _____
Health Insurance Provider _____ Policy # _____

Are there any special health conditions of which CPC should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)?

☐ Yes ☐ No If yes, please explain in detail: _____

Does your child know how to swim? ☐ Yes ☐ No If yes: ☐ Beginner ☐ Intermediate ☐ Advanced

PERMISSION AND RELEASE

As the parent or guardian of the above names attendee, I grant permission for my son or daughter to attend Cascades Presbyterian Church's 2024 activities and events and authorize CPC and its chaperones, to transport and supervise my child in connection with his or her attendance at the various activities throughout the 2024 year. I do further hereby give, release, absolve, indemnify, and agree to hold harmless CPC, its Board of Elders, staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent that such harm is the result of intentional misconduct of CPC or such other party seeking to enforce this release. Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

Signature _____ Date _____
Printed Name _____

MEDICAL CARE AUTHORIZATION

As the parent or guardian of the above named attendee of Cascades Presbyterian Church youth activities, I hereby authorize CPC and its chaperones to seek and have emergency medical first aid administered to the above named attendee during the 2024 year.

Signature _____ Date _____
Printed Name _____

WAIVER OF PUBLICITY FORM

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Cascades Presbyterian Church's youth ministry, to be used with CPC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature of Parent/Guardian _____ Date _____
Relationship to Youth _____