



**Ages:** 5-10\* **When:** July 20-26 **Times:** 9 a.m. - 2 p.m.

**Family Presentation:** Friday, July 24 at 1:30 p.m.

**C3 In Action Lagoon Clean Up:** Saturday, July 25

**Church:** Sunday, July 26 during 10:15 a.m. worship

**Camp Fee:** \$100\* per camper

**Includes:** Daily Bible Lesson, Daily Workshops in Music & the Fine Arts, Snack, and more! We encourage campers to bring a bag lunch.

\*Returning Families receive a 25% Discount

\*Returning Campers ages 11 & 12 may register.



## Registration Form

Camper Name(s) with

Date(s) of Birth

Food Allergies?

Parent/Guardian Name(s):

Address :  Best Phone:

Best Email:  Can we text you? YES  NO

Other Authorized Grownup(s):

## VOLUNTEERS

Volunteers make our programming accessible, affordable, and help to keep our campers safe. If you are not available during camp week, we also have a Sunday set up day on July 19 to help decorate and get a tour of all the rooms we will use for camp. Which day(s) are you available this year? (Check as many as you like!)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
July 19	July 20	July 21	July 22	July 23	July 24	July 25	July 26
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We accept Visa/MasterCard/Discover for online payments at [ccovb.org/give](http://ccovb.org/give)

Make checks payable to: The Community Church of Vero Beach.

Camp fee scholarships and Lunch assistance are available. Please contact us for more information.



The Community Church of Vero Beach  
1901 23rd St. Vero Beach, FL 32960

Camp Information: 772-469-2320  
Camp Coordinator: [rachel.carter@ccovb.org](mailto:rachel.carter@ccovb.org)





## 2025 - 2026 PARENTAL PERMISSION AND MEDICAL RELEASE FORM

IN AN EFFORT TO FULLY PROTECT ALL CHILDREN PARTICIPATING IN THE ACTIVITIES AND PROGRAMS OF THE COMMUNITY CHURCH OF VERO BEACH, INC., THIS FORM MUST BE COMPLETED AND SIGNED BY AUTHORIZED PARENT(S) OR LEGAL GUARDIAN(S) OF ANY MINOR PRIOR TO THE CHILD'S PARTICIPATION IN CHURCH EVENTS. ALL INFORMATION COLLECTED WILL BE TREATED CONFIDENTIALLY BY CHURCH STAFF AND VOLUNTEER LEADERSHIP.

### Personal Information

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Email Address (if any): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

In an emergency if Parent/Guardian cannot be reached, the following people are familiar with this child and may be called:

Alternate 1: \_\_\_\_\_ Alternate 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

### Health Information

Known medical or health conditions effecting the child's participation in church activities: \_\_\_\_\_

Activities this child should be restricted from: \_\_\_\_\_

Medications and dosages this child takes regularly: \_\_\_\_\_

Allergies to foods, medications or other: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Does your child wear: Glasses Contacts (circle one)

Name of Child's Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Child's Primary Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Preferred Hospital: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Health Insurance

Name of Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

**-PLEASE COMPLETE CONSENTS / PERMISSIONS ON BACK -**

**PLEASE READ THE FOLLOWING CONSENT AGREEMENTS CAREFULLY. TO AGREE TO ANY OF THE FOLLOWING, EACH PARENT / GUARDIAN SHOULD INITIAL IN THE SPACE PROVIDED; TO NOT AGREE, LEAVE BLANK. SIGNATURES AS TO THE AUTHENTICITY OF YOU HAVING COMPLETED THIS FORM IS REQUIRED.**

Consent for Participation

I/We the undersigned, having legal custody of the above named minor, give consent for him / her to attend and participate in events, programs and activities of the Community Church of Vero Beach, Inc. and acknowledge and accept the risks of physical injury associated with such participation. I / We hereby release Community Church of Vero Beach, Inc. and its representatives, staff, board members and/or agents from any and all liability for any loss, injury or damage to person or property that may occur during the course of my child's involvement.

Agreed: (initial) \_\_\_\_\_

Medical Consent

In the event the above mentioned child becomes ill or is injured during an activity of the Community Church of Vero Beach, Inc., I understand a church representative will attempt to contact me / us or our stated emergency contacts as soon as practical. However, I authorize the church leader(s) to take one or more of the following steps as they deem necessary: 1) render first aid; 2) call 911 for medical assistance; 3) permit medical or surgical diagnosis and treatment as deemed appropriate by a recognized health care professional.

Furthermore, I / we agree to hold harmless Community Church of Vero Beach, Inc., and its representatives, staff board members and / or agents free and harmless from any and all claims, demands, law suits, fees, court costs and other sums for damages arising from the giving of such consent and from any action of my child against any person.

I / We also agree that I / we will be ultimately responsible for the costs of any medical care should the cost of that medical care not be reimbursed by the health insurance provider and I / we affirm the health insurance information provided on this sheet is accurate and will remain in force for the minor named above.

Agreed: (initial) \_\_\_\_\_

Transportation Consent

I / We give permission for the above named minor to ride as a passenger in any vehicle designated by the church leadership whose care the minor has been entrusted while participating in church activities. I / We furthermore agree to bring my / our child home at my / our own expense should the child become ill or if it is deemed necessary by the church leader(s).

Agreed: (initial) \_\_\_\_\_

Photography Consent

From time to time still and video photography is made of church activities and used in promotional and historical documentation. I / We hereby grant permission the above mentioned minor may be included in photography of church events and activities. I / We hereby irrevocably grant to Community Church of Vero Beach, Inc. the right to use these photographic images as a result of the above mentioned minor's participation in approved activities of the Church.

Agreed: (initial) \_\_\_\_\_

I / WE, PARENT(S) / LEGAL GUARDIAN(S) OF THE ABOVE SPECIFIED MINOR, DO HEREBY ATTEST THAT I / WE HOLD LEGAL CUSTODY OF THIS CHILD AND DO HEREBY AGREE AND CONSENT AS INITIALED ABOVE. TO THE BEST OF MY / OUR KNOWLEDGE, I / WE HAVE LISTED ALL OF MY CHILD'S ALLERGIES, MEDICAL CONDITIONS, MEDICINES AND OTHER PERTINENT INFORMATION SIGNIFICANT TO MY CHILD'S PARTICIPATION IN ACTIVITIES AT COMMUNITY CHURCH OF VERO BEACH, INC. I FURTHERMORE UNDERSTAND THIS AUTHORIZATION SHALL CONTINUE UNTIL REVOKED OR CHANGED BY ME / US IN WRITING AND DELIVERED TO THE OFFICE OF THE COMMUNITY CHURCH OF VERO BEACH, INC. AND I / WE THEREBY AGREE TO MAKE SUCH CHANGES / REVOCATION IN A TIMELY MANNER.

Signed: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**RETURN TO: THE COMMUNITY CHURCH, 1901 - 23<sup>RD</sup> STREET, VERO BEACH, FL 32960**