



March Break VBS

Registration Form

Child Information:

Child's Name: _____ Age: _____ Grade: _____

Address: _____ Postal Code: _____

Health Card Number: _____

Siblings also attending VBS (Name and Age): _____

Do Siblings need to be in the same group: Yes No

Please list any allergies, health concerns, limitations, disabilities etc. that our leaders should be made aware of and that will help with making VBS an enjoyable experience for your child:

It is recommended for children with food allergies to bring their own snack each day

Parent / Guardian Information:

Parents / Guardians Names: _____

Primary Phone No: _____ Secondary Phone No: _____

Email: _____ *(for weather cancellations or information about upcoming events for children)*

Child Lives With: _____

Child will be picked up by 12 pm by one of the following authorized people: _____

PLEASE TURN PAGE OVER

Alternate Emergency Contact Information:

Contact #1

Emergency Contact Name: _____

Primary Phone No: _____ Secondary Phone No: _____

Relationship to Child: _____

Contact #2

Emergency Contact Name: _____

Primary Phone No: _____ Secondary Phone No: _____

Relationship to Child: _____

In all instances every effort will be made to contact the Parent or Guardian before the Alternate Contact in an emergency situation

Medical and Liability Waiver and Permissions to Participate:

_____ (Child's Name) has my permission to participate in Peoples Church VBS program and related activities from March 12 to 16, 2012.

It is understood that the employees and volunteers of Peoples Church will diligently strive to ensure the safety of all participants of VBS, however in the case of accident or illness during Peoples Church VBS and it's related activities, I agree to release all employees and volunteers of Peoples Church from all liability.

In the event that the above mentioned child is injured or ill and every effort has been made to contact a parent or guardian or designated emergency contact within a timely fashion, I the undersigned parent/guardian, do hereby authorize all volunteers and employees of Peoples Church Hamilton as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical and/or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon or the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

_____/_____/_____
Signature of Parent or Guardian Date