

Westminster Presbyterian Church

290 Edgepark Boulevard, NW, Calgary, AB, T3A 4H4

403-241-1443

VBS 2016 – Registration Form

July 4-8, 8:30am – 12:30pm

Ages 4 – 12

Cost - \$65 per child

Name of Child _____

Date of Birth _____ Grade _____

Alberta Health Card no _____

Please state any allergies or medical conditions that we should be aware of _____

Emergency Contact

Name _____ Phone # _____

Name _____ Phone # _____

Pick up Information:

To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Please indicate below which pick-up is the best for your family –

- My child is ONLY allowed to leave with the parent/guardian indicated (ID may be required) _____
- Other family or friends, as indicated below, may pick up my child (ID may be required) _____
- My child is allowed to sign him/her self out at the end of the program. Once signed out from VBS, we "release care" of that child and are no longer responsible for his/her care.

Liability Waiver

Publicity

I hereby authorize Westminster Presbyterian Church to take pictures of my child during Vacation Bible School activities and to use anonymous images of my child for ministry purposes (such as newsletter, website and slide show during the Sunday Worship Service).

Medical Custody

I authorize the VBS Leadership of Westminster Presbyterian to seek and authorize medical attention in the event that my child will need emergency medical care, and that I will assume all costs related to emergency transport and/or care. I understand that all efforts will be made to contact the parents/guardian. However, if contact cannot be made, assistance will be authorized by the Church's VBS Leaders.

Release of Liability

I understand that there are risks associated with all activities, including VBS activities, and agree not to hold Westminster Presbyterian Church, its staff, members or VBS volunteers liable for any claims of damages or injury to my child or my child's property that may occur through the normal course of VBS. I understand the VBS Leaders will make every reasonable effort to provide a safe and caring environment for my child.

By signing the form below -

- I indicate that I have read all the information on this form and have answered all of the questions to the best of my knowledge.
- I grant consent to all permissions and agree to all waivers on this form

Name of Parent/Guardian (please print) _____

Relationship to Child _____

Address _____

City _____ Province _____

Postal Code _____ Email _____

Phone # _____ Cell phone # _____

Signature _____ Date _____

Witness

Name (please print) _____

Address _____

Signature _____ Date _____

<p>Office Use only</p> <p>Payment Received: _____ Date _____</p> <p>Cheque <input type="checkbox"/> Cash <input type="checkbox"/></p>
