

VBS-WEEKEND 2025 -August 22-24 Ages 4 to Grade 4

Registration Form

(One Per Family)

Child 1 name:		
Child's age: Date of birth: Last school grade completed:		
Child 2 name:		
Child's age: Date of birth: Last school grade completed:		
Name of parent(s):		
Street address:		
City: Province: Postal code:		
Parent/Caregiver's cell/home phone: ()		
Home email address:		
Home church:		
I am coming with a friend: (Name of friend)		

Office use only:

Child 1 Crew age group (Circle one): Crew 1 Crew 2 Crew 3 Crew 4

Child 2 Crew age group (Circle one): Crew 1 Crew 2 Crew 3 Crew 4

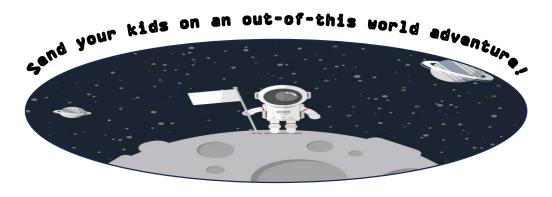


Photo Release/ Medical Release Form		
Child's name(s)		
Parent's name	Signature	
Date		
Allergies and/or other medical condition	ns:	
In case of emergency, contact:		
Phone: Relationship to child:		

I/We, the parents or guardians named above, authorize the ministry staff of Penticton Alliance Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Penticton Alliance Church, its pastor(s) and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Penticton Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of Penticton Alliance Church.

The information will be used only by Penticton Alliance Church Staff and approved workers for appropriate ministry to your child. The information that you provide is kept in a secure location at Penticton Alliance Church.