

Vacation Bible Camp Registration Form 2017

Child's Name: _____

Date of Birth: _____ Grade in September _____

Health Card Number: _____

Allergies, medical concerns, special needs: _____

Child's Name: _____

Date of Birth: _____ Grade in September _____

Health Card Number: _____

Allergies, medical concerns, special needs: _____

Child's Name: _____

Date of Birth: _____ Grade in September _____

Health Card Number: _____

Allergies, medical concerns, special needs: _____

Parent's/Guardian's Name(s): _____

Primary Number: _____ Secondary Number: _____

Address: _____

E-mail Address: _____

Emergency Contact:_____

Relationship to Child: _____

Primary Number:_____Secondary Number:_____

Other Concerns Leaders should be aware of:_____

Trinity United Church Vacation Bible Camp Medical Authorization

In the event of injury requiring medical attention, I authorize treatment for the participant(s) and understand that reasonable attempts will be made to contact me should such a situation occur.

(Signature of Parent/ Guardian)

(date)

Trinity United Church Vacation Bible Camp Photo Release Form

In the course of the week pictures may be taken and recordings may be made of activities in Vacation Bible Camp. Please advise us if you are willing to have your child's photograph taken or voice recorded for the purpose of promoting Trinity United Church and Vacation Bible Camp without releasing his/ her name as outlined below:

I on behalf of my child give permission to Trinity United Church to photograph and/or record my child and/or my child's voice on still photographs, motion picture film, audio tape and/ or video tape and to use this material, in whole or in part, through the media of television, film, internet, multi-media presentation, radio, audiotape, videotape or in printed form or display form for the promotion of Trinity United Church and Sunday School so long as it does not identify my child by name. I, on behalf of my child, assign and transfer all rights, including copyright, which my child may have in this material.

On behalf of my child(ren) _____

I give my permission as set out above.

(Parent's Signature)

(Date)

Trinity United Church Field Trip Authorization

Throughout the week at Vacation Bible Camp there will be occasions when we will take field trips within walking distance of the church in order to make use of some green space for wide games and make use of playground equipment. This will involve a walk to Memorial Park and/ or the Waterfront. All trips and times will be pre planned and be posted for your information the morning of said trip.

With your signature your child will have permission to participate in these short walking trips. I give my daughter/son(s)

_____ permission to participate in walking trips during the week of Vacation Bible Camp.

(Parent's Signature)

(Date)

Paid: _____ Health and Emergency Form Sent: __ Received: __