WASKASOO BIBLE FELLOWSHIP – VBS 2015 – August 4 through 7

REGISTRATION FORM

Child's Information

First Name				Last Name	
Grade in Fall		Age		Home Phone	
Address				Postal Code	
Provincial Health Insurance Number					

Emergency Contact Information

Relationship to child	First & Last Name	Work Phone	Cell Phone

Provide names and phone numbers of persons, who may be contacted in case of an emergency.

Child's Medical Information

Does your child have any.....	Yes	No	If yes, please explain
Severe allergies? (bee stings, foods, drugs)			
Life threatening conditions of any kind?			
Medication with him or her? (antibiotics, insulin, ventolin, etc)			
Physical, emotional, mental, or behavioral concerns our volunteers should be aware of?			

If more space is required to describe your child's medical condition, or concerns, please use the other side of this page.
I understand that volunteer staff are not trained or authorized to administer medication or emergency treatment. If emergency treatment is believed to be required, my child may be transported to hospital. In any case, I understand that an emergency contact will be informed as soon as possible.
I give permission for my child to attend Vacation Bible School and for Waskasoo Bible Fellowship to take photos or videos of my child during Vacation Bible School, with the understanding that they will be used solely for internal promotional purposes and will not be publicly published. I understand that reasonable precautions will be taken to ensure the safety and health of my child. Nevertheless, I hereby release Waskasoo Bible Fellowship and Westpark Presbyterian Church, including their volunteers and staff, from all liability.

_____ _____ _____

Parent or Guardian's Signature Relationship to Child Date