



# CHILDREN'S MINISTRIES VBS Camp Registration Form

PLEASE PRINT ALL INFORMATION

Camp Date: July 1-5, 2019

## CHILD INFORMATION

Last Name	First Name	Gender	Date of Birth	Grade	Age	School

## FAMILY INFORMATION

Address \_\_\_\_\_  
 Street City Prov Postal Code

Parent/Guardian #1 _____	_____	_____
First and Last Name	Day Phone	Cell Phone
Parent/Guardian #2 _____	_____	_____
First and Last Name	Day Phone	Cell Phone
Email Address	How did you hear about our camp?	<input type="checkbox"/> Yes, please email me information about current and future camps.

## EMERGENCY CONTACT INFORMATION *(if different from above)*

_____	_____	_____
Name (First and Last Name)	Day Phone	Cell Phone

## MEDICAL INFORMATION

Child's Name	Care Card #	Doctors Name	Doctors Phone	Allergies <i>please specify</i>

*Continue on reverse side*

**MEDICAL INFORMATION CONTINUED**

Child's Name	Are we able to serve your child food and beverages?	Does your child have any medical, physical or emotional conditions that we should be aware of? Please specify

Do you attend a church in the area?  Yes  NO

If Yes Where? \_\_\_\_\_

Has your child attended a camp at Grace Church before?  Yes  NO When? \_\_\_\_\_

How did you hear about our camp?  Friend  Sign  Facebook/website  Poster  Other \_\_\_\_\_

Any additional comments that we should know to give your child the best experience possible

\_\_\_\_\_  
 \_\_\_\_\_

Please put my child on the same team as \_\_\_\_\_

**WAIVER:**

I hereby authorize my child to attend and participate in a camp at Grace Evangelical Fellowship Church. In case of emergency, and in lieu of my availability, I hereby give permission for qualified medical personnel to give my child any medical care and treatments deemed necessary.

I will be responsible for any medical or other charges in connection with his/her treatment or attendance at the camp. I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in an activity, and by signing this document, I waive and release any and all right and claim for any damages of any sort or any other claim or remedy of any sort I may have against Grace Evangelical Fellowship Church, its directors, officers and staff, in connection with my child's participation in the camp. I also authorize Grace church to potentially use my child's photo for promotion and publication. By signing, I give permission to Grace church to take my kids off church property for camp activities.

\_\_\_\_\_  
*Signature of Parent or Guardian*

<b>OFFICE USE ONLY</b>		
Date Registered	Paid By	Amount
	<i>Cash/Cheque/Debit/MC/Visa</i>	