



## VACATION BIBLE SCHOOL 2019

### JULY 7-11 6 - 8:30pm

### REGISTRATION FOR AGES 5-11

### \$15/child (ask about family rates)

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Abundant Life Chapel. Any medical information collected here serves to authorize Abundant Life Chapel, and its staff and volunteers, to obtain medical assistance in emergencies.

Student Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's /Guardian's Name \_\_\_\_\_ Phone Home \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Father's /Guardian's Name \_\_\_\_\_ Phone Home \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

**\*\*In case of custody agreements, please include the proper form authorizing parental contacts\*\***

Manitoba Health # (6 digits) \_\_\_\_\_ PHIN (9 digits) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain \_\_\_\_\_

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

### Emergency Contact

In case of emergency, every effort will be made to contact the parent/legal guardian named above. Please provide an alternate emergency contact in the event we are unable to do so.

Name \_\_\_\_\_ Phone Home \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**\*\*Please turn page OVER for signatures**



I agree that I am the parent/legal guardian of the above named child. By signing, I agree that all information listed above is true and accurate. I agree that I will notify Abundant Life Chapel of any changes pertaining to the above named child. I named below undertake and agree to indemnify and hold blameless Abundant Life Chapel VBS Staff, Pastor and Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Abundant Life Chapel as well as of medical treatment authorized by supervising individuals representing the church. This consent and authorization is effective only when participating in events (VBS) of Abundant Life Chapel.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE FILL OUT THE INFORMATION BELOW IF SOMEONE OTHER THAN THE PARENT/  
LEGAL GUARDIAN WILL BE BRINGING/PICKING UP YOUR CHILD(REN) TO VBS.**

I, \_\_\_\_\_ hereby give \_\_\_\_\_ permission to sign my  
child(ren) in and out of VBS.

Signature \_\_\_\_\_

.....  
**PLEASE NOTE - IF YOU DO NOT WANT YOUR CHILD(REN) PHOTOGRAPHED –  
DO NOT SIGN!**

*I hereby ALLOW my child to be photographed for the private use only of the VBS program at  
Abundant Life Chapel.*

**Childs Name:** \_\_\_\_\_

**Parents Signature:** \_\_\_\_\_

*I hereby ALLOW my child to be photographed for publication by name in the local paper, The  
Clipper.*

**Childs Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_