

# ROAR! VBS 2019

## Registration Form

### Camper Information

I will be starting Grade \_\_\_\_/or Preschool in September

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_

**Shirt Size: \_\_\_\_\_ Youth**

### Parent/Guardian Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

H(\_\_\_\_) \_\_\_\_\_ C(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

H(\_\_\_\_) \_\_\_\_\_ C(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_

### Emergency Contact

Relationship to child \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

H(\_\_\_\_) \_\_\_\_\_ C(\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_

### Registration

- Early Bird price \$85.00 per child (**on or before June 30, 2019**)
- Regular price \$100.00
- I need child care for \$10.00 per child per day for the following days.  
Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_

\*Childcare drop off begins **8:00 am**; after care pick up is **5:30 pm**

This payment is non-refundable. Please pay by cash or cheque. Please make cheques payable to "Grace Baptist Church"

Received by:	Date:	Payment Type:	Chq #	Amount:	Volunteering	Grade	Child Care

# Consent and Medical Release Form

## Medical Information

Does your child have any allergies?

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

Does your child require any medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list (including instructions):

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Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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I hereby allow \_\_\_\_\_ to attend ROAR! VBS on July 15-19, 2019. Precautions are taken for the safety and health of every child, but in the event of accident or sickness, Grace Baptist Church, its staff, and its volunteers are hereby released from any injury, loss, or damage my child might suffer in connection with his/her participation. In the event that a child requires medical attention, the parents/guardians will be notified immediately. I hereby authorize a staff member or volunteer from Grace Baptist Church to seek and obtain first aid or emergency care for my child as deemed necessary at the time.

**Parent/Guardian:** I have read, understood, and agree with the above statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby give Grace Baptist Church permission to photograph and/or videotape my child/ren during his/her participation in ROAR! VBS activities and grant Grace Baptist Church permission to publish my child's picture/videos in presentations, promotional advertising or in other similar ways.

**Parent/Guardian:** I have read, understood, and agree with the above statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_