



VBS 2017

July 10<sup>th</sup> - 14<sup>th</sup>

Monday - Friday, 9am - 12pm  
Entering K to grd.5 \$30/week

REGISTRATION FORM

CONTACT

PARENT/GUARDIAN NAME(S):

PAYMENT AMOUNT:

METHOD (CIRCLE)

ADDRESS:

ALTERNATE PICK-UP PERSONS

Cash Cheque(# \_\_\_\_\_)

PHONE NUMBER(S):

I would like to be contacted about upcoming kids programs

EMERGENCY CONTACT NAME

PHONE NUMBER:

I would like to purchase a "Maker Fun Factory" Soundtrack CD (Extra \$10.00)

CHILDREN

1

CHILD'S NAME:

BIRTHDAY (MM/DD/YYYY):

GENDER (CIRCLE)

Male Female

ALLERGIES OR MEDICATIONS:

MANITOBA HEALTH CARD REG.#

MANITOBA HEALTH CARD ID#

NOTES:

CHILDREN

2

CHILD'S NAME:

BIRTHDAY (MM/DD/YYYY):

GENDER (CIRCLE)

Male Female

ALLERGIES OR MEDICATIONS:

MANITOBA HEALTH CARD REG.#

MANITOBA HEALTH CARD ID#

NOTES:

CHILDREN

3

CHILD'S NAME:

BIRTHDAY (MM/DD/YYYY):

GENDER (CIRCLE)

Male Female

ALLERGIES OR MEDICATIONS:

MANITOBA HEALTH CARD REG.#

MANITOBA HEALTH CARD ID#

NOTES:

CHILDREN

4

CHILD'S NAME:

BIRTHDAY (MM/DD/YYYY):

GENDER (CIRCLE)

Male Female

ALLERGIES OR MEDICATIONS:

MANITOBA HEALTH CARD REG.#

MANITOBA HEALTH CARD ID#

NOTES:

I/We, the parents or guardians named above, authorize the ministry staff of Waverley Church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for all of the children listed above.

I/We the parent or guardian named above, undertake and agree to indemnify and hold blameless the ministry staff, Waverley Church, its pastors 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 the Waverley Church as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Waverley Church.

Waverley Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate class, to develop and nurture ongoing relationships with you and your child and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Waverley Church to limit the information collected, or to view your child's information, please contact us.

Parent/Guardian Signature

Date