

Westminster Chapel - Vacation Bible School Registration

Vacation Bible School (VBS) registration is open to children ages 4-12. VBS will run August 13-17, 2018 from 10a-12p, each day. VBS will include Bible Lessons, Mission stories, games, crafts, and snacks. There will be a VBS wrap up on Sunday, August 19th during the morning service @ 10:30am. Family and friends are invited to attend.

Name of Child: _____ Age: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Name of Registering Adult: _____

Relationship to child: _____

Address (if different from above):

Contact #: _____ (alternate): _____

Other adult permitted to pick up child

Name: _____

Phone #: _____ Relationship to Child: _____

Emergency Contact

Name: _____

Phone #: _____ Alternate #: _____

Please note any food allergies or special needs your child may have: _____

The undersigned does hereby give permission for the above listed child to participate in Westminster Chapel's Vacation Bible School, Scheduled August 13-17, 2018

Parent/Legal Guardian (Signature): _____

Date: _____

LIABILITY RELEASE: In consideration of Westminster Chapel, allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Westminster Chapel, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, I [and on behalf of my minor child(ren)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

PHOTO/PICTURE PERMISSION: I give my consent to Westminster Chapel to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Westminster Chapel from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)’s tenure at Westminster Chapel's Vacation Bible School.**None of the photos to be taken will be for personal use. No names will be made public.

Parent/Guardian Signature: _____ **Date:** _____

Please return registration form(s) to **Victoria de Groot**

By mail:

Attn: Victoria de Groot
Westminster Chapel
329 19th Street North
Lethbridge, AB T1H 3K3

OR

By Email:

vwoodford@gmail.com