Miraculous Mission VBC Registration Form
July 15-19, 2019 9 a.m. – Noon

1. Child's Name_____ Date of birth _____

   Grade in September 2019 (must have completed JK to attend VBC) _____

   Allergies or other medical conditions_____

2. Child's Name_____ Date of birth _____

   Grade in September 2019 (must have completed JK to attend VBC) _____

   Allergies or other medical conditions_____

3. Child's Name_____ Date of birth _____

   Grade in September 2019 (must have completed JK to attend VBC) _____

   Allergies or other medical conditions_____

Cost: $10 per child to a maximum of $25 per family living at the same address.

Parent/Guardian name_____

Street address_____ City _____

Home phone_____ Cell phone_____ Email _____

Would you like to receive our monthly newsletter or other information on programs for children? ☐ Yes ☐ No

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, Chalmers Presbyterian Church, its staff and volunteers are released from any liability. In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, should such a situation occur.

Participant's Health card number: _____

Participant's Family Physician:_____ Phone:_____

In case of emergency, contact_____

Name of home church, if any_____

Staff or associated volunteers of Chalmers Presbyterian Church use photography to document events like Vacation Bible Camp. Images may be used for documentary or promotional purposes relating to events connected to Chalmers Presbyterian Church. I hereby grant permission Chalmers Presbyterian Church to photograph my child(ren) and use such images on official digital or printed publications without further consideration. ☐ *Check to Consent*

Parent/Legal Guardian Signature_____