

# Vacation Bible School Registration Form

(one per child)

JULY 10 TO 14, 2017  
9:00 TO 11:30 AM DAILY  
FOR CHILDREN AGE 4 THROUGH GRADE 5

Child's Name: \_\_\_\_\_ Gender: m/f \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_  
*(D.O.B. must be before July 1, 2013) (max. Grade 5)*

Name of Parent(s): \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Caregiver's cell phone: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Relationship of emergency contact to child: \_\_\_\_\_

Phone # of emergency contact: \_\_\_\_\_

Name of person picking up/dropping off child from VBS: \_\_\_\_\_

Home Church: (please check one)

NWCRC  none at present  Other: \_\_\_\_\_

*(Please sign the medical & liability waiver at the back ->)*



NEW WESTMINSTER  
CHRISTIAN REFORMED  
CHURCH

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## MEDICAL & LIABILITY RELEASE WAIVER

Every activity sponsored by New Westminster Christian Reformed Church (NWCRC) is carefully planned and adequately supervised by responsible volunteers. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept the risks and hazards inherent in sports and other related social activities. They also agree not to hold NWCRC or its employees, or volunteers liable for damages, loss, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for permission, medical, and liability release.

\_\_\_\_\_ YES I give permission for New Westminster Christian Reformed Church to use any pictures or videos of my child/children taken during Vacation Bible School, July 10-14, 2017, on the church's website: [www.nwcrc.ca](http://www.nwcrc.ca). Children's names will not be used.

\_\_\_\_\_ NO I do not wish for any photos or videos taken of my child/children during VBS to be used on the church's website.

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

Last Name: \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_