



TREASURE HUNT VBS

August 7-10 / 9am-12:30pm

Registration Form (One per Child)

Child's Name: _____ Male _____ Female _____

Child's Age: _____ Date of Birth: _____

Name of Parents: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Home Church (if any): _____

Allergies or other Medical Conditions: _____

Is your child bringing an Epi Pen with him/her? Yes _____ No _____

Is your child bringing any medication (e.g., asthma inhaler)? Yes _____ No _____

If yes, please list: _____

Emergency Contact Name: _____

Relationship to the Child: _____

Emergency Contact Phone: (____) _____

Pickup of Child/Children (if other than Parents) _____

***** Please provide 2 current photos of your child. *****

Consent:

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parent(s) or guardian(s), authorize Victory Christian Centre Church Ministry Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/we, the parent(s) or guardian(s), undertake and agree to indemnify and hold blameless the Ministry Personnel, Victory Christian Centre, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Victory Christian Centre, 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 Victory Christian Centre.

Parent Signature: _____ Print Name: _____

Parent Signature: _____ Print Name: _____

Date: _____

Photos: Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways: brochures or other promotional material, website, and/or newsletters.

Signature: _____

Food: During many of our programs food is offered to the children/youth. This can include candy, gum, chocolate, and/or baked goods (home-made and/or store bought). If your child has any food allergies, or if, for any reason, you DO NOT wish your child to consume any food products while in our program, please indicate your concern, sign below, and list all allergy restricted foods, as applicable.

Food allergies: Yes ___ No ___ Refrain from all food: Yes ___ No ___

Allergy restricted foods: _____

Signature: _____

Purposes and Extent: Victory Christian Centre is collecting and retaining this personal information for the purpose of enrolling your child in our program(s), to develop and nurture on-going relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Victory Christian Centre to limit the hold time of information collected or would like to view your child’s information, please contact us.