

St. JOHN'S SUMMER Day Camp

AUGUST 21-23, 2017, 9:45-2:00

Please Register by August 1, 2017. Late registrations will be considered if space available

BASIC INFORMATION:

Child's full name _____ age _____ Birthday _____ M/F _____
Address _____ City _____
Parent/guardian name _____ E-mail _____
Phone # _____ Cell # _____

MEDICAL INFORMATION

MSP number _____ Allergies? _____
If your child requires medication for severe allergies (epipen, inhaler, etc.) please list

Please list any other health concerns that could jeopardize your child's safety:

VBS staff will not administer medication except for severe allergies with specific consent and instruction from the parent/guardian of the child.

EMERGENCY CONTACT INFORMATION

Primary Contact for Pick-up & Drop-off & Emergency #1

Name: _____ Relationship to child: _____
Phone: Home _____ Work _____ Cell _____

Primary Contact for Pick-up & Drop-off & Emergency #2

Name: _____ Relationship to child: _____
Phone: Home _____ Work _____ Cell _____

WAIVER OF LIABILITY

I understand that my child will be cared for by church volunteers or employees with reasonable caution by these persons in charge to prevent injury. However, neither those employees or volunteers in charge, nor St. John's Presbyterian Church shall be held responsible for any accidental injury to any person, nor damage to any property.

I hereby authorize the staff and volunteers of St. John's Presbyterian to make any and all decisions regarding the emergency treatment of my child. I also hereby authorize the staff of St. John's to take video and still photos of my child during camp. These videos and still pictures will be used in the slideshow presentation for the end of camp.

I, _____, (parent/guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with this camp from any and all claims, demands, actions, and causes of action, that I/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: _____

Date: _____

Parent/Guardian Name PRINTED:

Please return this form by mail or in person to :

St. John's Presbyterian Church,
1480 George Street,
White Rock, BC
V4B 4A3