

# Registration Form - V.B.S. - Summer 2019

Form updated April 30, 2019

Name of participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade (Sept 2019) \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Work number: (if applicable) \_\_\_\_\_

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

Allergies or Medical Concerns: \_\_\_\_\_ \*\*PLEASE SEE PAGE 2

**(Acute Medical concerns must be brought to the attention of the leader and noted on Attendance Form for leaders to reference in an emergency)**

## Purpose and Extent:

Shawnigan Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Shawnigan Alliance Church to limit the information collected, or to view your child's information, please contact us.

\_\_\_\_\_ **Initial here** means you understand that photos taken during VBS may be used for promotion within the church. Photos taken by leaders will NOT be put onto social networking sites without the permission of those pictured.

"I have read and understand the information above and here give my signature of agreement to cover activities for the year (Summer 2019)."

Parent or Guardian Signature \_\_\_\_\_

Please attach copy of court order assuring custody when applicable.

**Participant’s Medical Information**

Allergies or Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of?            Y            N

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child keep medication with him/her?    Y            N

**\*If yes, please inform your child’s leader of health issues so that any acute health concerns are known by all leaders and can be addressed in an emergency.**

Please list medications:

\_\_\_\_\_  
\_\_\_\_\_

**Release and Permission**

“I/We, the parents or guardians named above, authorize the ministry staff of Shawnigan Alliance Church 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, named above, undertake and agree to indemnify and hold blameless the ministry staff, Shawnigan Alliance Church, 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 Shawnigan Alliance Church, 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 events of Shawnigan Alliance Church.”

“I have read and understand the information above and here give my signature of agreement to cover all activities during VBS, summer 2019.”

Parent’s Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Shawnigan Alliance Church is committed to the safety and protection of children. Therefore; "Plan to Protect is a manual of procedures and policies adopted for the purpose of protecting children and leaders at Shawnigan Alliance Church. Its use is mandated by our National and District offices, in keeping with our District insurance and legal counsel." For information about Plan to Protect please contact: Pastor Trevor Dunham at [trevor@shawniganalliance.org](mailto:trevor@shawniganalliance.org)