

Grace Bible Church

366 Oakwood Ave

Winnipeg, MB R3L 1G1

Phone: (204) 284 8003

E-mail: gbcofwpg@outlook.com

Web: www.gracebiblechurch.ca

VBS REGISTRATION FORM

AUGUST 19-23, 2019

9:30am - 12:00pm, ages 3-11

Please fill out one registration form for each child

Child's Name: First _____ Last _____ Male _____ Female _____

Birth Date: ____/____/____ Today's Date: ____/____/____ Grade: _____
(m) (d) (y) (m) (d) (y)

Parents/Guardians Names: _____

Siblings Names & Ages: _____

Mailing Address: _____

E-mail address: _____

Telephone (cell): _____ (home): _____

OTHER SAFE ADULTS Who I Can Go Home With:

Emergency Contact: _____

Emergency Contact (phone): _____

Allergy/Health Conditions: _____

(You must complete the Medical Treatment Authorization form)

Parent/Legal Guardian Waiver and Consent

The acting supervisor in charge of a given program reserves the right to dismiss a child who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the church. If this occurs, the parent/legal guardian certifies that the registered child is normal in condition and habits and is open to necessary discipline.

The parents or guardians submitting this registration form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the church, including a photocopy of the section of any court order referring to visitation rights.

The parents or guardians submitting this registration form give their permission for any photographs or videos of program activities which may include their child, to be used in ministry promotional materials (including the internet) and brochures without any financial compensation.

The parent/guardian grants permission for the child to participate in all program activities.

While every precaution is taken for the safety and good health of each child, Grace Bible Church, its staff and volunteers are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the registered child. Each child must be covered by Provincial Health or equivalent medical insurance.

The signature of the parent/guardian on this form shall give the acting Supervisor or Health Officer the right to arrange for any special services or other requirements necessary for the best interest of the child and shall give the Supervisor the right to approve and obtain medical attention necessary for the child's welfare and good health including injection, anesthesia or surgery. In such situations, the church will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services. This gives the acting Supervisor the right to administer the use of any non-prescription drugs to the registered child and relevant emergency treatment such as CPR, epi-pen, medication given to the medical officer upon instruction of the parent/guardian, etc.

The signature of the parent/guardian on this registration form shall give the church permission to teach the child through various means in accordance with our Statement of Faith. To see our Statement of Faith, please visit our website at www.gracebiblechurch.ca or call us at (204) 284-8003.

The signature of the parent/guardian on this registration form shall give the church permission to release your school-age child (grades 1-6) at the end of the Son Seeker's program.

The signature of the parent/guardian on this form shall give the church permission to transport the child as necessary for purposes of programming or emergencies.

The parent/guardian understands that personal information gathered by Grace Bible Church is used by the church for its own purposes and is stored in a secure place.

I have carefully read and hereby accept the waivers, conditions and other terms of this registration and agree to abide by them.

Parent/Guardian Signature: _____ Date: _____

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Medical Treatment Authorization

Child's/Youth's Name: _____

Manitoba Public Health Insurance #: _____
 MHSC (6 digit) PHIN (9 digit)

Specific allergies or other conditions:

Specific instruction and precautions:

Parent/Legal Guardian Name(s) and Phone Number(s):

(Name)	(Phone #)
(Name)	(Phone #)

Secondary Contact Name(s) and Phone Number(s):

<hr/> (Name)	<hr/> (Phone #)
<hr/> (Name)	<hr/> (Phone #)

I/we the above parent(s)/legal guardian(s) authorize trained individuals to administer life saving medication(s) (i.e. Epipen, inhalers) to my child as deemed necessary. If I/we as the parent(s)/legal guardian(s) are unable to be contacted I/we authorize the above mentioned secondary contact(s) to make decisions concerning my/our child's medical condition(s) until we have been contacted.

(Parent/legal guardian Signature) (Date)