

Vacation Bible School

Registration Form:

August 9—13, 2010
9AM—Noon



1. Child's Name: _____

Age: _____ Birthday: _____ Grade Completed: _____

Allergies: _____

2. Child's Name: _____

Age: _____ Birthday: _____ Grade Completed: _____

Allergies: _____

3. Child's Name: _____

Allergies: _____

Age: _____ Birthday: _____ Grade Completed: _____

4. Child's Name: _____

Age: _____ Birthday: _____ Grade Completed: _____

Allergies: _____

Street Address: _____

Mailing Address: _____

City: _____ Postal Code: _____

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

Email: _____

Parent(s) / Guardian(s) Name(s) (print): _____

Alternate Emergency Contact & Phone #: _____

Name of Home church (if any): _____



Vacation Bible School Medical Release Form:

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I, the undersigned parent(s) or guardian(s) of _____, a minor,
_____, a minor, _____, a minor,
and _____, a minor, do hereby authorize adult volunteers of
Prairie Tabernacle Congregation, as agent(s) for the undersigned, to consent to any medical or
surgical care deemed advisable by any accredited physician or surgeon in an approved emergency
clinic or hospital. I further release from any liability **Prairie Tabernacle Congregation**, and any of its
ministries or leader in the event of an accident en route, during and returning from **Vacation Bible
School**. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date Signed: _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Child #1's Alberta Health Care #: _____

Child #2's Alberta Health Care #: _____

Child #3's Alberta Health Care #: _____

Child #4's Alberta Health Care #: _____

Family Doctor's Name & Phone #: _____

Dentist's Name & Phone #: _____

Notes & Additional Information:

