



**Registration for King Road MB Church Summer VBS 2018: August 6-10
6:00pm-8:00pm**

Parent/Guardian name: _____

Address: _____
(street address, city, province, postal code)

Phone Numbers: Home _____

Cell _____

E-mail: _____

First Child's name: _____

Birth Date: _____

Grade Entering in School: _____

Medical or other information we need to know. (Please include any allergies)

Second Child's Name: _____

Birth Date: _____

Grade Entering in School: _____

Medical or other information we need to know. (Please include any allergies)

(Additional Children-list on another piece of paper)

Emergency Contact:

Name: _____

Phone number: _____

Dismissal information:

Who may pick up your child at the end of each VBS day? _____

Other information:

Do you attend Sunday School? If so, where?

If you are visiting our church, are you a guest of someone?

_____ (name)

May we have permission to photograph your child and use the photo for the purpose of promotion? Yes _____ No _____

Parent/Guardian Signature: _____

Date: _____ (Please Sign waiver on back)

Dear Parent/Guardian,

We need the following forms signed in order for your child/ children to participate in VBS at King Road MB Church August 6-10 from 6:00 pm – 8:00 pm. One signature releases the church from liability and the other gives us permission to seek medical treatment for your child in the event of an emergency.

Thank You,

Janelle Warkentin (Children's Ministry Intern)

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR

I, _____, am the parent or legal guardian of _____ (the "minor"), who desires to participate in Vacation Bible School at King Road MB Church August 6-10, 2018 from 6:00 pm – 8:00 pm operated by King Road MB Church staff and volunteers.

I understand and acknowledge that King Road MB Church will not allow the minor to participate in the Activities without releasing and holding King Road MB Church harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor's participation in the Activities and fully assume such risks on his or her behalf.

I REQUEST THAT KING ROAD MB CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE KING ROAD MB CHURCH, ITS OFFICIERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of King Road MB Church representatives while participating in the Activities.

This agreement is binding on all minor's heirs, successors and personal representatives.

Dated: _____ Signed: _____
Parent/Guardian

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of King Road MB Church leadership team as my agent(s) to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Minor's name: _____ Age: _____ Medical # (10 digit): _____

Minor's name: _____ Age: _____ Medical # (10 digit): _____

Minor's name: _____ Age: _____ Medical # (10 digit): _____

Doctor: _____ Doctor's phone: _____

Signed: _____ Phone: _____