

# Participant Registration Form

Dates: July 17 – 21, 2023

Times: 9am – 12pm

Location: Holy Trinity Catholic Church, 200 Boundary Rd.

Ages: 5 – 10yrs (kindergarten to grade 4)

Cost: \$35/child (up to 2 children, additional siblings are free)

Registration Deadline: **June 30<sup>th</sup>**



## Child's Information

Name: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies, medical or behavioral conditions: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

## Family Information

Parents/Guardians' Names: \_\_\_\_\_

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

## Contact information

Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

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

## Emergency Contact

Name: \_\_\_\_\_

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

I understand that reasonable precautions will be taken to safeguard the health and well being of the participant in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of action, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_