WEIRD ANIMALS

Where Jesus' Love Is One-of-a-Kind

Vacation Bible School Registration

July 15-19, 2019 for children entering grades 1-6 in September

Please complete *both sides* of this form, and a media/photography release.

Suggested donation $30

Registration Information:

Child's name (first and last): _____

Age (on July 15, 2019): _____ Date of birth: _____

Grade completed June 2019: _____ School: _____

First and last name of parent/guardian(s):_____

Best contact number during camp (8:50 am-12:30 pm): _____

Alternate number: _____

Best email address: _____

Others allowed to pick up your child (first and last names): _____

_____

Health concerns, allergies, medications, or other information we should know, and

related instructions: _____

_____

_____

Office Use Only:

Date Received: _____ Media: _____ Y/N_____

Emergency Contact

If parent or guardian(s) named is unavailable, please contact:

First and last name: _____

Phone number: _____ Relationship to child:_____

Agreements

I/we give permission for my/our child to participate in Weird Animals Vacation Bible School at St Joseph Church this year, having read and agreed to the following:

- ✓ My child understands that they are expected to listen to all activity leaders. This includes both youth and adult volunteers at Vacation Bible School.
- ✓ I understand that some elements of risk are associated with any activity, despite reasonable precautions. I am willing to allow my child to participate. In the event of any sickness or accident, I/ will not hold St Joseph, the Diocese of Hamilton, or any volunteer or chaperone responsible.
- ✓ In the event of an emergency, I understand that every attempt will be made to contact me. I give St Joseph staff and volunteers permission to perform first-aid and to obtain medical assistance if needed.
- ✓ St Joseph Church and the Diocese of Hamilton are not responsible for lost or stolen items during the camp. I will not send my child with any valuable items (i.e. cell phones, cameras).
- ✓ I have provided all relevant health information, and will communicate any changes.

Parent/guardian name (please print): _____

Signature: _____ Date:_____