



Bay Park Vacation Bible School Registration Form

(One Per Child)

★ **Half Day - \$30/child** for the week ★ **Preschool VBS 9-11:30am** ★ **Grades 1-5 VBS 12:30-3:00pm**
(3+kids discounts)

Preschool VBS

Grade 1-5 VBS

July 16-20

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth _____ Grade in Sept: _____

Name of parent(s): _____

Street Address: _____

City: _____ Postal Code: _____

Home #: _____ Cell #: _____

Work #: _____

Home email address: _____

Emergency Contact Name: _____

Contact #: _____ Relationship to child: _____

Home Church: (if applicable) _____

Request for one friend on your team: _____

Amount Paid - Circle one cheque or cash

Financial Assistance Requested

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION & RELEASE OF LIABILITY:

I, the parent or guardian of the below named child, authorize the participation of my child in the VBS program (the "Program") denoted on this brochure. I understand that this Program is a non profit Christian ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by Bay Park Church/Youth For Christ and its volunteers and staff, including parents of other participating children. I also understand that the Bay Park Church/Youth For Christ is solely responsible for all aspects of the Program including supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, Bay Park Church/Youth For Christ and all of the directors officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitations any other participating churches, sponsors, parents, vendors, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize Bay Park Church/Youth For Christ to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of Bay Park Church/Youth For Christ for the sole purpose of advancing Bay Park Church/Youth For Christ programs. By providing your email address, you agree to be included in occasional surveys from Bay Park Church/Youth For Christ at which time you will have the opportunity to unsubscribe.

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If Bay Park Church/Youth For Christ determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities. Bay Park Church/Youth For Christ may determine that my child cannot be permitted to participate. I understand and agree that, while Bay Park Church/Youth For Christ desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT:

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize Bay Park Church/Youth For Christ its staff including volunteer parent participants, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribe by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by OHIP or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

CONSENT and RELEASE FORM

Primary Contact for Child

Parent/Guardian: _____ Relationship: _____

Family Physician: _____ Health Card #: _____

Allergies/Health/Behavioural Conditions

Any and all medication must be turned in to the administration desk. Please list any allergies/health conditions:

Child is being picked up by:

_____ or _____

Parent/Guardian Signature: _____

Please Note:

Zero tolerance for bullying and inappropriate behaviour

The camp environment is one that should be inclusive and enjoyable for all children. The camp will not tolerate physical harm of another person, malicious and offensive teasing, the use of abusive, vulgar, and inappropriate language, stealing or the intentional vandalism of property and/or materials.