



Registration for St Bride's Vacation Bible School

Monday July 16th to Friday July 20th, 2018 from 9AM to noon

1516 Clarkson Road North, Mississauga, Ontario L5J 2W9

Tel: 905-822-0422 Internet: www.churchofstbride.com

BOTH SIDES OF THIS FORM *MUST BE COMPLETED IN FULL*

Please note: Small T-shirt is a child's 6-8.

T-shirt Size: **Child's S** **M** **L** **XL** **Adult** _____
PLEASE CIRCLE ONE STATE SIZE

Child's Name _____
First/ Middle/ Last – please circle *given name* commonly used

Date of Birth: (DD/MM/YYYY) _____

School Grade Completed this year _____

Male Female

Name of a special friend you might like to be with: _____

Parent 1: Primary Contact

Mrs/Ms/Mr _____
First Name Last Name

Address: _____
Apt/Unit # Street # Street Name

City: _____ Prov: _____ Postal Code: _____

Telephone (Day): _____ (Cell): _____ (Evening): _____

Email _____

Parent 2: Secondary Contact

Mrs/Ms/Mr _____
First Name Last Name

Address: _____
Apt/Unit # Street # Street Name

City: _____ Prov: _____ Postal Code: _____

Telephone (Day): _____ (Cell): _____ (Evening): _____

Emergency Contact

Mrs/Ms/Mr _____
First Name Last Name

Telephone (Day): _____ (Cell): _____ (Evening): _____

Emergency Authorization: I understand that the Vacation Bible School programme at Church of St. Bride, Clarkson, attended by my child _____ will involve physical activities and that, with any physical activity there is a risk of injury. In the event of any emergency I authorize the physicians in the emergency care unit selected by the staff at Church of St. Bride, Clarkson to secure treatment for the child named above until such time as family member is notified. **(Please complete the back of this page)**

Parent or Guardian: _____
Name Signature



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Condition	Treatment /Medication	Other
Epilepsy		
Diabetes		
Sun Sensitivity		
Asthma		
Other		

Allergy (specify)	Treatment/Medication	Other
Bee sting		
Foods		
Medication		

St Bride's Church Photo Release for Minor Under 18 years

PLEASE READ CAREFULLY

I hereby grant to The Church of St Bride, Clarkson (the "Church") the right to reproduce, use, exhibit, display the photographed images of

PLEASE PRINT CLEARLY THE FIRST AND LAST NAMES OF ALL CHILDREN IN YOUR CARE TO WHOM THIS FORM APPLIES

taken at St Bride's Shipwrecked VBS (July 16th -20th, 2018) for use in connection with the activities of the Church or for promoting, publicizing or explaining the Church or its activities.

This grant includes, without limitation, the right to publish such images in St Bride's newsletters or promotional materials, such as Bulletin board displays or slide shows at the church.

NAME OF PARENT/GUARDIAN GIVING PERMISSION

SIGNATURE OF PARENT/GUARDIAN OVER 18 YEARS GIVING PERMISSION

For Office Use Only

GROUP LEADER _____ **GROUP NAME** _____

COPY OF HEALTH CARD

COPY OF BIRTH CERTIFICATE