



VBS Registration

Cost is \$60.00 per child payable by cash or cheque
to OLPH Parish by

June 5th with this form at time of registration to
receive a free t-shirt. No free T-shirt after June 6th

Last day to register for camp is June 23rd

Paid by Cash: _____

Cheque #: _____

Received by: _____

Date: _____

PLEASE PRINT Clearly

1st Child's Name _____ Birth date _____

Age _____ Grade _____ (completed June 2017) Alberta's Health Care # _____

T-shirt size _____ (see below)

2nd Child's Name _____ Birth date _____

Age _____ Grade _____ (completed June 2017) Alberta's Health Care # _____

T-shirt size _____ (see below)

3rd Child's Name _____ Birth date _____

Age _____ Grade _____ (completed June 2017) Alberta's Health Care # _____

T-shirt size _____ (see below)

Child(ren) lives with both parents: mother father other Specify: _____

Family Doctor _____ Phone # _____

Mother's Name _____ Phone # _____ Cell # _____

Father's Name _____ Phone # _____ Cell # _____

Address _____ Postal Code _____

Email _____ Alt. Phone # _____

Emergency Contact Name _____ (Other than parent)

Phone Number _____

Shirt included if registered by June 6th

Please check the size with samples to confirm the correct size.

We will not have extra sizes to exchange.

Children sizes: sm (6-8) md (10/12) lg (14/16)

Adult Sizes: sm, md, large, xlarge, xxlarge

IMPORTANT INFORMATION

Does your child have Medical issues, special needs or special circumstances that the Director, Volunteers or medical personal should be made aware of? If Yes, please give a description below:

We will contact you to discuss the conditions before accepting registration. We want to ensure that everyone to has a positive experience. VBS is run totally by volunteers who are not trained to care for children with special needs.

Allergies we should be aware of: _____

Does your child have an EPI Pen? _____

PLEASE NOTE: If your child has a food allergy and is not able to have the snacks we are providing we ask that you send a snack for your child and inform the leader. We try to post the snack on the white board every day so you know what is being provided.

Please read the following information carefully before signing.

I, the undersigned, acknowledge it is the organizer's desire to give each young person a safe and positive day camp experience. I hereby waive, release, discharge and hold harmless, The Catholic Archdiocese of Edmonton and their employees and volunteers of Our Lady of Perpetual Help of and from any and all actions, causes of action and claims of whatsoever kind or nature which I may have now or in the future, including but not limited to, claims for medical expenses or treatment, personal injury, illness, death or damage to persons or property that may arise from participation in this event, (including all claims and liability for damage resulting from bee or hornet stings or any other insect bites). In case of injury I hereby give permission to the physician selected by the camp to hospitalize and secure proper treatment to my child.

ACKNOWLEDGEMENT

I have read the above and understand that by participating in the activity described above we are assuming the risks associated with doing so and give my child _____ permission to participate in OLPH Vacation Bible Camp. (name)

Parent/Guardian Signature _____ Date _____

Freedom of Information protection

I give permission for OLPH to take photographs and post them on Church bulletin boards and in VBS Scrapbook (not in Parish Website).

Parent/Guardian Signature _____ Date _____

Bible camp is run totally by the generosity of volunteers who take time to ensure your child has the best camp experience. Would you be willing to commit to helping one morning during the week or more. Thank you for your participation to help make camp a fun and safe place to be while learning about how much God love us.

I CAN VOLUNTEER FOR: ONE TWO OR MORE MORNINGS ___ AS A:

Group Leader ___ Kitchen snacks ___ Crafts ___ Clean up (daily or end of week) ___ Floater ___