



Chedoke Presbyterian Church
Vacation Bible School Adventure Camp
Leader in Training
REGISTRATION FORM
July 17-21, 2017

There is no cost for Leaders-In-Training.

To apply as a Leader-in-Training, you must be entering grade 8 and up in September, 2017.

Youth's Name: _____

Last Name

First Name

Birthdate: _____ Age as of September 1, 2017: _____ Grade in September: _____
YY MM DD

Address (including postal code): _____

E-mail address: _____

Contact Information

Parent/Guardian/Caregiver Name: _____

Contact Information:

Home Phone: _____ Cell Phone: _____ Work: _____

NOTE: Circle the number at which we can contact you while we have your child in our care.

In case of emergency, we call you first! If we are unable to reach you, please provide:

1. Emergency Contact Name

Relationship to Child: _____ Phone Number: _____

2. Emergency Contact Name:

Relationship to Child: _____ Phone Number: _____

Medical Information

Does your child have any medical conditions or allergies?

YES NO

If yes, please list and explain (please add any additional information we require):

Does your child have any physical challenges that will prevent him/her from supporting children in our programs, which include active play? Please specify:

List the medications your child is taking. _____

Will your child be bringing any medication with him/her to our program? YES NO

If yes, name the medication(s).

Please clearly tell us when and why this medication will need to be administered.

Participant's Physician's Name: _____ Phone No.: _____

Child's Health Card Number: _____

Thank you for completing the form and taking the time to ensure we serve your child with excellence!

A Program Co-Ordinator will be in touch with you.

We look forward to a terrific week!

Chedoke Presbyterian Church
Vacation Bible School Adventure Camp
CONSENT FORM



Permission to Participate

I, the parent/guardian of _____ give permission for him/her to participate in the Leader-in-Training program at Vacation Bible School Adventure Camp offered by Chedoke Presbyterian Church Monday, July 17- Friday, July 21, 2017.

Parent/ Guardian Signature: _____ Date: _____

Waiver

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In event of accident or sickness, Chedoke Presbyterian Church, all employees or volunteers are released from any liability.

In event of injury requiring medical attentions, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, (or my specified emergency contact) should such a situation occur.

I, as parent/guardian of the above minor hereby consent and agree to hold harmless, Chedoke Church, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with, the above noted programs. I give permission for the above named child, in case of emergency, to be taken to a physician or hospital by either a volunteer in charge or church personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the church personnel in charge or adult chaperone to secure proper treatment of the child.

Parent/ Guardian Signature: _____ Date: _____

Media Consent

I consent to allowing my CHILD to be photographed and understand that those photos may be used in in-house slide shows; however, these photos will not be used in any other publications of Chedoke Presbyterian Church, including the website of Chedoke Presbyterian Church without my further written consent.

Parent/Caregiver/Guardian Signature: _____ Date: _____