# VBS REGISTRATION FORM

*Please fill out one form per camper.*
*If your child has special needs, we ask that you please contact Church Admin (richpres@telus.net) prior to registration.*

| Camper First Name (preferred name in bracket) | Initial | Last Name |
|---|---|---|
| | | |

| Home Address | City | Prov | Postal Code |
|---|---|---|---|
| | | | |

| Birth Date (MM-DD-YY) | Gender (M/F) | Grade Completed | Church Affiliation | Camper Email Address |
|---|---|---|---|---|
| | | | | |

***You are this person's legal guardian.*** *You must be the parent or legal guardian to register someone under 19 years old. By registering a child under 19, you are consenting to the collection of the child's information you are providing for registration.*

| Name of Parental Guardian | Relation to Camper |
|---|---|
| | |

| Home Number | Other (work/cell) | Email Address |
|---|---|---|
| (  ) | (  ) | |

| Alternate Contact Person | Relation to Camper |
|---|---|
| | |

| Home Number | Other (work/cell) | Email Address |
|---|---|---|
| (  ) | (  ) | |

| Camper Name | Fee (PerFamily) | **Online Payment (yes or no)** | **Date** | **Camp Attending ( Please check "O" )** |
|---|---|---|---|---|
| | $ 20 | | August 13, 2024 to August 17, 2024 | Yes ( ● ) No (  ) |

If not using the online e-payment method, please make cheques payable to Richmond Presbyterian Church.

Contact the RPC Secretary for information regarding alternative payment methods; (richpres@telus.net or (604) 277-5410)

**Things your child will need for camp:**

- A water bottle
- ENTHUSIASM!!!

# CAMP MEDICAL INFORMATION FORM

***Please fill out one form per camper.***
***If your child has serious medical or behavioral needs, we ask that you please let us know before registration.***

| Camper Last Name | Initial | First Name |
|---|---|---|
| | | |

| Family Doctor Name | Physician's Phone Number |
|---|---|
| | ( ) |

Care Card Number

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

| Has your child been immunized against tetanus? | | | |
|---|---|---|---|
| Y | N | If so, when? | |

**Mild Allergies and/or Diet Restrictions**

| |
|---|
| |
| |
| |
| |

**Severe Allergies**

Any campers that have severe allergic reactions that could be life-threatening must be disclosed prior to registration

| OFFICE USE ONLY |
|---|
| |

**Notes:**
**If your child has serious medical or behavioral needs we ask that you please contact Camp Director prior to registration.**

# WAIVER AND AGREEMENTS

*Please fill out one form per camper.*
*If your child has serious medical or behavioral needs, we ask that you please contact us before registration.*

## Waivers and Agreements

Please read the following waiver carefully. It includes release of liability and waiver of legal rights and deprives you of the ability to sue certain parties. By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

## Waiver

I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by the Richmond Presbyterian Church. I am aware that program activities will take place on Church property.

I hereby release, remise, and forever discharge Richmond Presbyterian Church its agents, and its volunteers of and from all manner of actions, claims, and demands of whatever nature which result from any loss, injury, or expense sustained, arising out of or in any way connected with participation in any program or attendance at a location operated by RPC.

In the event that my child is injured, ill, or in need of medical attention and I am unable to be contacted, I authorize the Camp staff to seek medical attention on my behalf. I also permit the Camp first aid attendant to offer children's Tylenol, throat lozenges, and antacids as needed.

I authorize RPC to use any photographs taken of my child while participating in Camp programs for future Camp brochures and promotional material/media.

**Signed** **Dated**

**Please send the completed form to richpres@telus.net.**