



Shipwrecked VBS  
July 9-13 / 9am-12pm  
Registration Form  
One per Child

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Church (If any): \_\_\_\_\_

Allergies or other Medical Conditions: \_\_\_\_\_

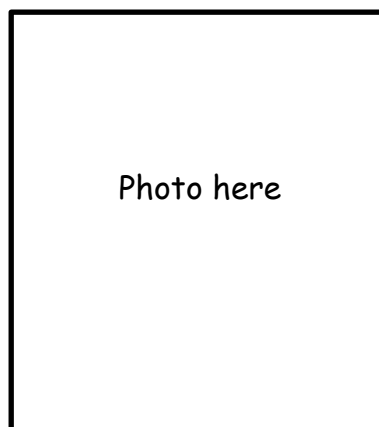
Is your child bringing an **Epi Pen** with him/her? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your child bringing any medication (i.e. asthma inhaler) with him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

\*\*\*Please provide a current photo of your child \*\*\*



The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians, authorize the Port Perry Baptist Church Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, the parent or guardians, undertake and agree to indemnify and hold blameless the Ministry Personnel, Port Perry Baptist Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Port Perry Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Port Perry Baptist Church.

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

### Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

Brochures/Promotional material

Church

Website

Newsletters

Signature: \_\_\_\_\_

### Food

During many of our programs food is offered to the children/youth. This can include candy, gum, chocolate, baked goods (home-made and/or store bought).

If for any reason you **DO NOT** wish for your child to consume any food products while in our program, please sign below or indicate any allergy restrictions below. (Also see allergies above)

Signature: \_\_\_\_\_ Allergy restricted foods: \_\_\_\_\_

### Purposes and Extent

Port Perry Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Port Perry Baptist Church to limit the information collected, or to view your child's information, please contact us.