

Registration, WAIVER & MEDICAL RELEASE FORM
Field Trips and Special Events

Activity: Vacation Bible Camp **Date:** July 4 – 8, 2022 **Location:** Goodwood Baptist Church & local parks

Chaperones: Carol Brandon, Frank Brandon, Kevin Oates, Debbie Bacon, and others as scheduled
You may email this to carol_brandon@hotmail.com, drop it off at the church office, or mail it in.

Name of Child: _____ **Preferred Name:** _____

Gender: Male / Female **Tshirt size:** _____

Age: _____ **Birthdate:** _____ **Grade Completed:** _____

Parents/Guardians: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Relationship to child: _____

Name of home church, if any: _____

Does your child have any severe allergies? Yes ___ No ___ Life-threatening allergies? Yes ___ No ___
(ex. bee stings, food, penicillin, other drugs) Food allergies? Yes ___ No ___

If yes, explain: _____

Is your child bringing any medication with him/her? (ex. antibiotics, inhaler, epipen) Yes ___ No ___

If yes, explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of, which will help us to make your child comfortable and more effectively teach him/her? (For example, learning disabilities) Yes ___ No ___

If yes, explain: _____

May we put your child's photo on the church's website? Yes ___ No ___

How did you hear about us? Online at _____
Friend ___ Poster ___ Other: _____

Precautions are taken for the safety of your child, but in the event of accident or sickness, **Goodwood Baptist Church**, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: _____

Name of Family Physician: _____ **Physician's Phone:** _____

Parent/Guardian's Signature:

Date:
