

# FORT MACLEOD ALLIANCE CHURCH 2019 VBS REGISTRATION

## PARENT/GUARDIAN

Last name:

First name:

Phone:

Email:

Mailing address:

## CHILD(REN)

NAME	AGE	GENDER	D.O.B.	HEALTH CARE#	HEALTH CONCERNS/ALLERGIES	T-Shirt S/M/L Youth or Adult

## EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name:

Phone:

Relationship to child:

## WAIVER

I, the parent/guardian of the above named child(ren)

- give my permission for free use of my child's picture and or video within the Fort Macleod Alliance Church.
- understand that participation in this event may involve risk of physical injury. My child is physically capable to participate in this event.

In case of a medical emergency I consent that the volunteers of the Fort Macleod Alliance Church or emergency medical staff can take my child for treatment by any physician or medical care provider within the area.

Name of parent/guardian:

Date:

Signature: