

**V.B.S.****Registration Form  
For the year 20 \_\_****Child's Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_**Address:** \_\_\_\_\_**Postal Code:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_**E-Mail:** \_\_\_\_\_**Birthday:** (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Entering Grade:** \_\_\_\_\_**Home Church:** \_\_\_\_\_**Health Card Number:** \_\_\_\_\_ **Version Code:** \_\_\_\_\_**Allergies:** \_\_\_\_\_**Other Health Concerns:** \_\_\_\_\_**Parent / Guardian Names:** \_\_\_\_\_**Emergency Contact****Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_**Phone Number:** \_\_\_\_\_

I acknowledge that it is my responsibility to take the necessary steps for insuring against personal injury, property damage, or any loss by my child or self. I also acknowledge that I must assume total responsibility for ALL repair/replacement costs, medical coverage, accidental insurance and personal injury, or any other loss or damage, including property wilfully damaged by my child/guardian, during this event. I understand that Centennial Park Baptist Church is not responsible for any injury or property damages that occur during this event.

I agree to permit the reasonable use of photos, videos, written materials or other pictures of my child/guardian in promoting the ministries of the Centennial Park Baptist Church.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Paid by Cash:** \_\_\_\_\_ **Cheque:** \_\_\_\_\_