VBS Registration Form 2022

Please Print

Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­ Age: \_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_­­\_\_\_\_\_\_\_\_\_

Mother’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the child pick up authorization form should another guardian be responsible for picking up your child.

Please identify any allergies the participant has:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the above child’s participation in the VBS program and release Viking Alliance Church (VAC) and its volunteers from responsibility and liability of injury or illness to my child during their involvement in the VBS 2022 program.

Note: Pictures may be taken of participants for promotional materials (i.e., website, Facebook, slideshow, video’s). Please indicate your preference for using your child’s image in this way:

\_\_\_\_Yes, VAC may use by child’s picture for promotional purposes

\_\_\_\_ No, VAC may not use my child’s picture.

 /

Parent or Guardian Signature Date

**Submit forms by August 8, 2022**

Via e-mail: vikall@telus.net please indicate VBS Registration in the subject line.

Via mail: PO BOX 411 VIKING AB T0B 4N0