

VBS Registration Form 2024

Camp Dates: August 19-23 9AM to 12 PM Registration each morning at 8:45AM

Please Print

Participant name: _____ Age: _____

Parent/Guardian Name: _____ Phone: _____

Emergency contact (if different than above):

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 2024 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

Parent/Guardian Helper:

Please indicate what days you would be available to help run the VBS program.

Submit forms by August 16th 2024

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

Via mail: PO BOX 411 VIKING AB T0B 4N0