

TRINITY CANADIAN REFORMED CHURCH OF GLANBROOK

SPACE PROBE VACATION BIBLE SCHOOL **2010**

Registration Form

FAMILY'S LAST NAME: _____ PARENTS' FIRST & LAST NAME: _____

ADDRESS, CITY, POSTAL CODE: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

CHURCH AFFILIATION, IF ANY: _____

1ST CHILD'S NAME: _____ BIRTHDATE: _____ AGE: _____ GRADE COMPLETED: _____

2ND CHILD'S NAME: _____ BIRTHDATE: _____ AGE: _____ GRADE COMPLETED: _____

PLEASE INDICATE ANY SPECIAL NEEDS (such as allergies or other medical information): _____

EMERGENCY MEDICAL RELEASE

I/We _____ (parent/guardian) give permission to administer EMERGENCY medical care for the child(ren) listed above when I/we cannot be reached at the time of an EMERGENCY. I/We have indicated our hospital of choice, doctor's name and phone number as indicated below. Trinity Canadian Reformed Church and its associates (members) are released from any and all responsibilities in regards to decisions made during the time of an EMERGENCY. In the event that I/we cannot be reached, an associate from Trinity Canadian Reformed Church has the authority to make an EMERGENCY DECISION, ***based only on the advice of the doctor in charge***, to administer treatment if necessary.

OHIP NUMBER:

1ST CHILD: _____ 2ND CHILD: _____

DOCTOR'S NAME: _____ PHONE: (____) _____

WHERE CAN YOU BE REACHED IN CASE OF AN EMERGENCY? PHONE: (____) _____

OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY: _____ PHONE: (____) _____

I/We understand and agree to the EMERGENCY release as stated above: _____ Date: _____

Parent/Guardian's Signature

Please fill out registration and emergency medical release form and bring it on **Monday, July 5** to our first day of VBS.