

# TRINITY CANADIAN REFORMED CHURCH OF GLANBROOK

## UPWARD BOUND VACATION BIBLE SCHOOL 2009

### Registration Form

FAMILY'S  
LAST NAME: \_\_\_\_\_ PARENTS FIRST & LAST NAME: \_\_\_\_\_

ADDRESS, CITY, POSTAL CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CHURCH AFFILIATION, IF ANY: \_\_\_\_\_

1<sup>ST</sup> CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_

2<sup>ND</sup> 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:  
1<sup>ST</sup> CHILD: \_\_\_\_\_ 2<sup>ND</sup> 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/Guardians Signature

Please fill out registration and emergency medical release form and bring it on Monday, July 6 to our first day of VBS.

