Does your child have any physical, emotional, mental, or behavioural concerns or limitations that are staff should be aware of (INCLUDING ALLERGIES): Yes No

If yes, please specify:____

_____ give my permission for _____

(Parent or Guardian)

(Name of Child)

to attend Vacation Bible School 2021 with other children.

In the unlikely event of an emergency, I give my permission for ______ to be treated by an accredited physician (Name of Child)

in an approved emergency clinic or hospital. I therefore designate the Vacation Bible School Director to act on my behalf and order appropriate treatment. I also give my permission for authorized VBS personnel to administer medications to my child as deemed medically necessary. I further release Cranbrook Alliance Church and its officers and leadership from any liability in the event of an accident during the daily activities of 'Power Lab' VBS 2021.

I understand that appropriate precautions are in place to limit the possibility of any illness transmission including: hand sanitizing before and after activities including crafts and snack, physical distancing as best possible, and the cleaning of high-traffic touch points (door handles, backs of pews...) in between each VBS session.

I also herby give permission the Cranbrook Alliance Church to use photographs, slide, or videos of myself or my dependant for purposes of VBS related activities, promotions, etc.

To the best of my knowledge, my child is in good health and not exhibiting any symptoms related to COVID-19 or any illness. If my child develops any symptoms of COVID-19 or any other illness, I will withhold their participation from VBS 2021 and contact Cranbrook Alliance Church to alert the staff of any possible illness transmission.

(Signature of Parent/Guardian)

(Date Signed)

This information is requested and retained as per the privacy policy of Cranbrook Alliance Church

OFFICE USE ONLY			
First Child (\$25)	Additional Sibling (\$15)		🗌 Family Rate (\$50)
Amount Received	Debit	Cash	Cheque #
Date Paid	Credit VISA	Credit MasterCard	



Monday – Friday: July 12th – 16th 2021

9am - 12pm OR 1pm-4pm

For kids entering Kindergarten to entering Grade 5

@

Cranbrook Alliance Church 1200 Kootenay St. N. 250-489-4704

office@cranbrookalliancechurch.com



Registration Deadline: Wednesday, June 30th @ 1pm



Welcome to POWER LAB VBS!

We'll be spending the Week discovering Jesus' miraculous power through a new adventure every day! We'll follow as he heals, helps, and gives power to the people

who need him!

Things to remember...

- Wear running shoes & VBS t-shirt each day
- This is a PEANUT FREE camp. We will provide individual packaged snacks, but feel free to send something with your child if preferred.
- Bring a hat, sunscreen & WATER BOTTLE

Costs:

- \$25 per camper (includes t-shirt)
- \$15 for each additional family member
- \$50 Family Rate
- Cash, Debit, Visa, MasterCard and Cheques (Payable to Cranbrook Alliance Church) are accepted!

(One Registration form per child please!) Child's Name: ______ Boy Girl <u>SESSION REGISTERING FOR</u>: AM PM Entering: Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Youth Small Medium Large Adult Small T-Shirt Size: Mailing Address: _____ Postal Code Name of ONE friend to *possibly* be on the same team with: Church or Sunday School Affiliation (if applicable): Parents/Guardian Name: Cell Number: Email: In case of custody agreements, please include the proper form authorizing parental contacts. Emergency Contact Name: Emergency Contact Phone Number: _____ Relationship to Camper:

Power Lab VBS 2021

MEDICAL CONSENT & AUTHORIZATION:

Care Card Number:

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Cranbrook Alliance Church. Any medical information collected here serves to authorize Cranbrook Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies.

In case of illness or injury during VBS we will contact the parent listed first, then the emergency contact, unless otherwise instructed.

Family Doctor: Clinic phone number: