

International Gospel Centre

B.L.A.S.T. OFF Vacation Bible School

Field Trips and Special Events Registration, Waiver & Medical Release Form

Date of Activity: **July 31 – Aug 4, 2017**

Drop off Time: **8:30 am**

Pick up Time: **to 4:00 pm**

Location: **35 Charles Street - IGC Classrooms**

Contact Person: **Lynne McCracken** (Children's Ministry)

Name of Child: _____

Date of Birth: _____ Grade: _____

Address: _____ City: _____ PC: _____

Phone: _____ School: _____

Chaperones: _____

Does your child have any severe or life threatening allergies? (bee stings, food, penicillin, other drugs) Yes No

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin, Epipen) Yes No

If yes, please explain: _____

*(Please note that IGC Volunteers are **NOT** allowed to administer medications)*

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes No If yes, please explain: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *International Gospel Centre* its staff, and its **Approved Volunteers** are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child must be covered by Ontario Health Insurance Plan or equivalent medical insurance.

OHIP No: _____ Date of last Tetanus Shots: _____
(Optional)

Family Physician: _____ Physician's Ph: _____

Contact Information and Parental Consent:

Name of Parents (or Legal Guardians): _____

Email: _____

Home Phone: _____ Cell: _____ Bus: _____

Secondary Contact: _____ Phone: _____

Authorized Person to pick up child (if other than parent): _____

I am aware that this VBS at IGC cost \$50.00/ child to attend and I am aware that if my child is picked up after 4:15 p.m., that there will be a 'babysitting charge' of \$10 per hour or any part thereof for each child enrolled in our 2017 VBS. I agree to these terms: Yes No

I am aware that I need to provide my child with his/her meals for two (2) breaks during the day and that they are not permitted to bring any nut products with them. I agree: Yes No

Parent/Guardian's Signature

Date

Children's / Youth Ministries

35 Charles St. E, Kitchener, ON N2G 2P3

519-744-3051 Fax: 519-745-5280 email: office@gospelcentre.net

International Gospel Centre

2017

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Permission for use of Photos/Videos for Publication



PRIVACY OF PERSONAL INFORMATION STATEMENT *This form is to be completed by persons 18 years or older*

I _____ give permission for my child _____
Parent/Guardian Name of child
to be photographed/videotaped and for those photos and/or videos to be published.

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International Gospel Centre respects the privacy of your personal information and visual images, digital, still photos, and video clips, and are committed to protecting the use of these images only for the purpose that you have given your permission.

Please complete and sign the form to give us permission to use these photos and/or videos for publication.

Signature of Parent or Legal Guardian: _____
Person 18 years or older

Department Leader

B.L.A.S.T. OFF Vacation Bible School Coordinator

Children's / Youth Ministries
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