

**WESTDALE PARK FREE METHODIST CHURCH**  
**VBS ON WHEELS – JULY 16-20, 2018**  
**REGISTRATION AND CONSENT FORM**

*Drop off Registration forms at 7 Richmond Park Drive (across from L&A Hospital), Napanee ON K7R 2Z3*  
*613-354-2669 / info@westdaleparkfmc.ca*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of Sept. 2018): \_\_\_\_\_

Health Card # (optional): \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of Sept. 2018): \_\_\_\_\_

Health Card # (optional): \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of Sept. 2018): \_\_\_\_\_

Health Card # (optional): \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

Church that you regularly attend? Yes ( ) No ( ) If yes, where? \_\_\_\_\_

**Parental / Guardian Information / Consent**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature \_\_\_\_\_

**Emergency Contact (if different from parent/guardian)**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**CONSENT**

I give permission for \_\_\_\_\_ to attend Westdale Park FMC's VBS on Wheels event and, understanding that there is risk involved in any group activity, I will not hold Westdale Park FMC, Wesley Acres or any of the staff or volunteers liable for any injury or permanent loss to my child.

I understand this event involves a bus ride and that Robert Hogan Bus Lines is responsible for my children's transportation to and from Wesley Acres campground.

Understanding that there is risk involved in any vehicle transportation, I will not hold Westdale Park FMC, Wesley Acres or the staff and volunteers liable for any injury or permanent loss to my child.

\_\_\_\_\_ YES, you may transport my child                      \_\_\_\_\_ NO, you may not transport my child

It is my understanding that Westdale Park FMC will attempt to notify me in case of a medical emergency involving my child. In the event of a medical emergency, I authorize transportation to a doctor or medical facility. I give permission to the doctor or health-care professional to provide the medical services necessary to treat my child. I will take responsibility for any medical or transportation expenses incurred.

\_\_\_\_\_ YES, I agree    \_\_\_\_\_ NO, I do not agree

It is my understanding that this event involves swimming and that if my child requires assistance, it is my responsibility to notify Westdale Park FMC of this. It is also my understanding that the beach has a roped off area that is suitable for swimmers of all levels and that my child(ren) will not be allowed to cross the rope. **Parents are encouraged to send lifejackets if they have them. Lifejackets are in a limited supply but will be provided to children who need them.** Westdale Park FMC staff and volunteers will supervise my children in the water and on the beach. If my child is not suitable for swimming, Westdale Park FMC staff and volunteers will facilitate activities to do on the beach.

\_\_\_\_\_ YES, my child can swim    \_\_\_\_\_ NO, my child cannot swim

**PHOTOS:** Photos may be taken of the participants both individually and in group settings. Do you allow the use of your child's photo for the promotional purposes of Westdale Park Free Methodist Church?

**NOTE:** Names will never be included with the photo of your child.

\_\_\_\_\_ YES, you may use my child's photo                      \_\_\_\_\_ NO, you may not use my child's photo

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_