

JR LEADER REGISTRATION FORM

VACATION BIBLE SCHOOL(VBS)

August 4- August 7, 2020

St. Andrew's United Church
Email:standrewsvacationbibleschool@gmail.com

9:00 AM TO 12 PM

Name _____ Date of Birth _____ Grade _____

Parent(s)' name(s) _____

Address _____ City _____ P.C. _____

Phone# (Home) _____ (Work) _____ (Cell) _____

Email address: _____ T-Shirt Size (Adult xs,s,m,l,xl) _____

Name and telephone # of another person to contact in an emergency.

Health Card # _____

Known Allergies: _____

Special Medical Conditions or medications of which Vacation Bible School Staff should be aware:

If under 18 – Parent's permission required --

I give permission for my child to participate in the St. Andrew's United church VBS Program. In the event of a medical emergency, I give my permission for the staff of the VBS program to seek medical attention for my child.

If 18 or over – signature of Junior leader required.

Date: _____ Signature: _____

Photo-Video Permissions:

I give permission for images of me/my child, captured during the VBS activities through video, photo and digital camera, to be used solely for the purposes of St. Andrew's Church's **newsletters and church service slide shows**. (Note: no names will be published)

Yes: _____ No: _____

I give permission for images of me/my child, captured during the VBS activities through video, photo and digital camera, to be used solely for the purposes of St. Andrew's Church **promotional materials**. (Note: no names will be published)

Yes: _____ No: _____

Mailing List Permission:

I give permission for me/my child to be put on a mailing list to be used solely for the purposes of St. Andrew's Church children's programs, such as early notification of VBS, etc. **Yes: _____ No: _____**

Parents: Would you be interested in volunteering with this year's VBS program? Yes____ No____