

Medical/Legal Release

ATTENTION - This medical and legal release **MUST** be completed and signed in order for your child to participate in Immanuel VBS. 2017, Maker Fun Factory. I _____ (parent/guardian) give my permission to _____ (child) to participate in Immanuel Canadian Reformed Church's VBS, Maker Fun Factory.

In the unlikely event of an emergency I authorize Immanuel VBS 2017, Maker Fun Factory staff to act on my behalf and to have my child treated by an accredited physician in an approved emergency clinic or hospital. I further release Immanuel Canadian Reformed Church and its officers and/or leadership of any liability in the event of an accident during the daily activities of Immanuel VBS 2017, Maker Fun Factory.

Name of parent/guardian (please print) _____

Signature of parent/guardian _____

Photo/Video Release

I hereby give my permission for images of my child captured during Immanuel Canadian Reformed Church's VBS Maker Fun Factory through video/photo/digital camera to be used solely for the purposes of Immanuel Canadian Reformed Church promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature of parent/guardian _____ Date _____



July 17-21, 2017

Come and join us for a whole week of super fun mornings for kids going into grades K – 6 from 9:00 – 12:00 noon

**Immanuel Canadian Reformed Church
21112 - 35 Avenue
Edmonton, AB T6M 2P6
www.edmontonimmanuel.ca**

vbs@edmontonimmanuel.ca

Copies of the registration form and additional information about this FREE event is available at www.edmontonimmanuel.ca. Please contact Becky @ 587-988-1619 if you have any questions or e-mail us at vbs@edmontonimmanuel.ca to register. Forms can also be mailed to our church address (see front page).



SPECIAL EVENT

*** FRIDAY NIGHT ***

All Immanuel VBS children and their parents are invited to a dessert evening Friday, July 21st, 7:00 pm at the Church to see what the kids have done and learned during their week!



IMMANUEL VBS 2017

REGISTRATION FORM (one per child)

****Please complete both sides**

Child's Name (Last, First) _____

Child's Age _____ Date of Birth _____

Last School Grade Completed _____ A.H.C. # _____

Name of Parents _____

Address _____

Home Phone # _____ Cell Phone # _____

Home Email Address _____

Emergency Contact Name _____

Phone # _____

Relationship to Child _____

Allergies or other medical conditions _____

Group & Crew Number (**for church use only**) _____