

WVBC SonTrek Registration Form

SonTrek I July 26-30 & SonTrek II August 3-6

Name: _____
Address: _____ City: _____
Postal Code: _____
Phone: Home _____ Cell _____
Birth date: M ___ D ___ Y ___ M F Age _____ Grade in Fall: _____
 Father's Name: _____ Mother's Name: _____
Business Phone: _____ (Please above with whom the child lives)
E-mail Address: _____
T-Shirt Size: _____ (youth-small, medium, large, x-large)

Emergency Contact should be someone other than a parent

Emergency Contact: _____ Emergency Phone: _____
Doctor's Name: _____ Phone: _____
Medical Care Card #: _____
Has the child had a tetanus shot? Y N Does the child get motion sickness? Y N
Allergies/Health info: _____

Any additional info we should know about? _____

Would you like a child tax receipt? Yes No

Payment options: Cash Cheque Visa MasterCard Amount paid: _____

Card Holder Name: _____ Signature: _____
(please print)

Card # _____ Expiry Date: _____

Office Use Only: _____

SONTREK DAY CAMP PERMISSION SLIP and MEDICAL RELEASE WAIVER FORM

Release of Liability:

By signing this form, the Parent/Guardian agrees to assume all risks and hazards inherent in Church related social activities.

He or she also agrees not to hold **West Vancouver Baptist Church** nor its employees or volunteers liable for damages, losses or injuries to the person or property undersigned.

The Parent/Guardian understands the he or she is signing for the Minor listed on this form and the signature is for both the medical and liability release.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Church Leadership to treat my child. In the event that your child requires special medication, x-rays or treatment, the parents will be notified immediately.

I understand there is a degree of risk involved in the activities and I give my permission for him/her to participate. I accept responsibility for any medial costs not covered by my insurance.

Parent/Guardian Name: _____
Please print

Parent/Guardian Signature: _____

Date: _____