



Uxbridge Baptist Church Vacation Bible School July 16-20 (8:30-11:45am) Registration Form

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____
(Ages 4 – Grade 6)

Name of parent(s): _____

Street address: _____

City: _____ Province: _____ Postal: _____

Primary Phone: (____) _____ Emergency Phone: (____) _____

Email Address: _____

Siblings Attending Camp: _____

Person Picking Up Child: _____

My child has permission to be at the UBC VBS 2018 Summer Camp. I give permission for my child's photo to be used in pictures/video displays. Yes/No

Signature: _____ Date: _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

2018 Release and Consent Form

1) I give my permission for the child listed to attend the Uxbridge Baptist Church Kidz Camp. During Kidz Camp, safety rules will be enforced, and participants will be closely supervised by Kidz Camp instructors and group leaders. However, I acknowledge that there is the possibility of accidents. I release the coordinators, instructors, volunteers, elders, council, and pastors, the Uxbridge Baptist Church, and the Kidz Camp program from all claims, in the event of injury to my child, unless the injury is the result of gross negligence or willful misconduct on the part of these parties.

2) Hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs the emergency contact(s) listed will be notified. If you are unable to reach the emergency contact(s), I give permission for emergency treatment as recommended by the attending physician including but not limited to medications administered by injection, anesthesia and surgery as required. Parents/Guardians are responsible for any additional expenses that may occur as a result.

3) The Camp Nurse will be present to administer First Aid Preventative measures/Treatment to your camper to prevent, and in case of minor injuries occur including but not limited sunscreen application, ice pack application, and polysporin or other antibiotic cream application in wound care.

4) *All medications being brought to camp must be in their original package and left with the Camp Nurse while at camp. Prescription medication brought to camp must have the doctor's name, child's name, dosage, frequency, route and date visible. All non-prescription medication requested by the parent/guardian to be administered while at camp will be done so according to the package instructions based on the child's age and/or weight.

Child's Age: _____

Child's Weight: _____

Medications being brought to Camp

Medication Name	Dosage	Frequency	Reason for taking medication

**by leaving medication both prescription and non-prescription you are giving permission for it to be administered as per the label by the camp nurse.*

Any additional Instructions the Camp Nurse should be aware of?

I have read and agree to the above information. [Note: If you do not give permission for all or part of items 2, 3, or 4 simply mark through and initial the statement(s) that you do not agree to. However, if you do not agree to item 1, your child cannot attend Uxbridge Baptist Kidz Camp.]

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Guardian _____

Name of Participant: _____ Birthday: _____