

BLACK DIAMOND GOSPEL CHAPEL

presents...



VACATION BIBLE CLUB

ages 5-12

July 7-11, 2008

9:30am-12:00pm

REGISTER NOW!

Phone: Trish at 933-4272 or 933-4957

Email: gospelchapelvbs@gmail.com

REGISTER FORM

Please read and carefully complete this form. Print clearly. One child per form.

Return form with payment to:

VBS 2008 c/o Trish Bateman
Box 852
Turner Valley, AB
T0L 2A0

Payment:

- \$15/child or maximum \$40/family
- \$8 for PowerLab music CD(optional)

Payment includes t-shirt for each child. Please add \$8 if you would like a PowerLab music CD. It must be preordered and will be available at VBS.

Please make cheques payable to Black Diamond Gospel Chapel

Child's Name _____ Male Female

Date of Birth ____/____/____ (DD/MM/YYYY) Entering Grade _____

Address _____

Phone: _____ Email: _____

Emergency Contact _____

Parent/Guardian _____

T-shirt size: Small(4-6) Medium(8-10) Large(10-12)

Allergies or other concerns _____

Alberta Health Care _____

Home Church _____

Please indicate if you are able to help by supplying some snack supplies. You don't need to stay for snacks. You can just send them ahead of time or bring them that day. Thanks for your help in keeping our costs to a minimum. We will contact you with needed items. Yes, I will help provide snacks.

I give permission for the above named child to participate in the program noted on reverse. Reasonable precautions are taken for the safety and good health of all participants, but in the event of an accident or sickness I hereby release Black Diamond Gospel Chapel staff members, agents and volunteers from all claims, demands, rights of action, causes of action, present or future, whether the same be known, anticipated or unanticipated.

In case of medical emergency, I understand that reasonable efforts will be made to contact me; however, I hereby give permission to the physician or hospital selected by Black Diamond Gospel Chapel to secure treatment for my child named on this application.

I give permission for Black Diamond Gospel Chapel to use any photograph or video footage my child is in for promotional materials.

I hereby certify that I have read, understand and accept this application.

Parent/Guardian Signature _____

Parent Guardian Name(please print clearly) _____

Date ____/____/____(DD/MM/YYYY)