

**LADNER UNITED CHURCH**  
4960 – 48<sup>th</sup> Avenue, Delta, BC V4K 4X6  
Phone: **604-946-6254**  
Email: **office@ladnerunited.org**

**August 14-18, 2017 – 9:00am-3:00pm**

**V.I.P. SUMMER BREAK CAMP REGISTRATION FORM 2017**

**PARTICIPANT INFORMATION:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Child's cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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**PARENT GUARDIAN INFORMATION:**

1) Parent/guardian name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address if different from child's: \_\_\_\_\_ Postal code: \_\_\_\_\_  
2) Parent /guardian name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address if different from child's: \_\_\_\_\_ Postal code: \_\_\_\_\_  
I/we intend to support this program by: \_\_\_\_\_  
Are there any family circumstances, cultural or faith requirements of which the program volunteers should be aware of?  
 NO  YES, provide details \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

If the above parent(s)/guardian(s) are unavailable in an emergency, please contact:  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address if different from child's: \_\_\_\_\_ Postal code: \_\_\_\_\_

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**INFORMATION FOR MEDICAL EMERGENCIES:**

Does the participant have any allergies?  NO  YES, **provide details:** \_\_\_\_\_

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Please provide details of any medical conditions, diseases, operations, disorders or problems the participant currently has or has had: \_\_\_\_\_

Does the participant require special care, medications, or diet?  NO  YES, provide details: \_\_\_\_\_

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Child's Medical Care Card number: \_\_\_\_\_  
Name of child's family physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

*\*Notes: If there is not enough room to include all pertinent information, please attach a separate sheet. It is the parent's/guardian's responsibility to update the program volunteers of any changes in the medical status and/or emergency contact info of their youth.*

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## V.I.P. SUMMER BREAK CAMP REGISTRATION FORM 2017

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### PARENT/GUARDIAN AGREEMENT:

**Medical Treatment Consent:** In the event of injury or illness requiring medical attention, I authorize treatment for my child and understand that reasonable attempts will be made to contact me, should such a situation occur.

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**Photo Permission:** Photos and video of my youth may be taken while s/he is participating in Ladner United Church activities. These photos could be displayed in group photo albums, on Church bulletin boards, on group web sites, in PowerPoint presentations or submitted to local newspapers and United Church publications.

I DO wish or  I DO NOT wish to have the images used as indicated above

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**Informed Consent and Release:** The undersigned parent or guardian does hereby understand the information provided in this form and that participation in the aforementioned youth program is voluntary, and involves a certain degree of risk. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my child, I grant permission for my child to be a participant in this Sunday School program. By these presents I do hereby release and discharge the sponsors including The United Church of Canada, Ladner United Church, and volunteer leaders and participants of the said program for any injury to person or property to my youth during his/her participation therein.

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Custodial parent/guardian signature

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Date

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Print Name

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Relationship to youth

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**Age Range: 6-11      Dates: August 14-18      Times: 9:00am-3:00pm**

**Cost: \$120.00 if paid by June 30, Regular price - \$130.00**

**Payment by cheque or cash made out to Ladner United Church**

**Activities will include art, music, games, stories**

**Children to bring a bag lunch. Drinks and snacks will be supplied (this will be a nut and melon free zone)**

**V.I.P. to represent Very Important Person (Values Inspire Peers and more)**

**Registration Deadline: June 30, 2017**

**Please note that we need a minimum of 15 participants to run the camp. Confirmations will be sent upon the closing date.**

**For inquiries, please contact the church office at 604-946-6254, email:office@ladnerunited.org or www.ladnerunited.org.**