

**Heights City Church
Kids' Camp 2009 Registration Form**

Child's Name: _____ Birth Date (dd/mm/yy): _____

Address: _____ Postal Code: _____

Phone Number: _____ Health Card Number: _____

Cell Phone: _____ Email: _____

Does your child have allergies or conditions that our staff should be aware of?

Parent/Guardian Names: _____

Additional Emergency Contact: _____

At Kids' Camp Vacation Bible School (VBS), we are dedicated to providing a safe and fun atmosphere for the children. We are serious about your child's well being and want you to know that every precaution will be taken to ensure their safety.

I/we, the parents or guardians named above authorize Heights City Church to sign the consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless Heights City Church and its Elders and volunteers from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of Heights City Church, as well as any medical treatment authorized by the supervising individuals representing the church.

I/we, named above, agree that group photography may include the image of the participant named above and recognize that this may be used in brochures and advertising for the children's programs provided by Heights City Church.

This consent and authorization is effective only when participating in or traveling to this year's Kids' Camp program of Heights City Church.

Parent/Guardian Signature: _____

I have read, understand, and agree with the above and sign it to cover this year's Kids' Camp program.

Signature: _____ Date: _____

<http://heightscitychurch.com/vbs/>