



# HOMETOWN NAZARETH VBS 2024!

Aug 12-16 | 9:00 am – 3:30 pm

Open to kids entering grades SK-5 in September 2024

## Registration Form

Please submit this form with payment to the Church Office by June 30, 2024.

*(Information collected via this form is considered confidential.)*

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's OHIP #: \_\_\_\_\_

T- Shirt Size: ☐ Child XS ☐ Child S ☐ Child M ☐ Child L ☐ Adult XS ☐ Adult S ☐ Adult M ☐ Adult L

Allergies / Special Needs / Other info that we should know:

\_\_\_\_\_

Does your child require medication? ☐ No ☐ Yes If Yes, please list medication(s) - name, dose, and frequency:

\_\_\_\_\_

*If the information below is the same for all siblings attending, fill out one time and then, on other forms check box below.*

☐ Refer to other registration form for info below (siblings' full name): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Preferred Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

In case of an emergency please contact: \_\_\_\_\_ Tel#: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Special requests: (e.g., please keep siblings together, please put with "friend's name", etc.):

\_\_\_\_\_

see other side...

## Parent/Guardian Authorization

Please indicate your understanding and agreement of the following statements by **initializing** each box below. Note: "I/we" represents the parent(s) or guardian(s) named below:

☐

While every precaution is taken for the safety and good health of each child, some activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Barrie Free Methodist Church. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

☐

I/we authorize the Children's Ministry Director, Christina Catling or her designate, to consent for medical treatment for my child in the event of an emergency, and to authorize any physician, hospital or first responder to provide appropriate assessment and treatment, in my absence. I/we acknowledge that every effort will be taken to contact me directly once my child's immediate needs have been met.

☐

I/we undertake and agree to indemnify and hold blameless BFMC, its Pastors, Volunteers, Staff and Official Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Children's Ministry of the Barrie Free Methodist Church.

☐

I/we consent to photos being taken that include my child. Such photos are strictly for the purpose of sharing with the congregation as a slide show, on a bulletin board or on a private BFMC Facebook Page. Photos will never be posted publicly online.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Payment Information

Cost: \$80 per child (\$75 for each additional child in family)

Payment will be accepted by **E- TRANSFER, CASH OR CHEQUE.**

Cash or Cheque will be accepted on first day of camp upon drop-off of child/ren.

E- Transfer required by the morning of first day of camp.

Send to: [registrations@bfmc.org](mailto:registrations@bfmc.org) and specify in messages for which camp and amount of child/ren.

Payment will be taken on the first day on the first day of camp. Thank you.

For questions, contact Christina Catling, Children's Ministry Director at [christina@bfmc.org](mailto:christina@bfmc.org).

### Office Use Only:

Date Payment Received: \_\_\_\_\_ Payment taken by: \_\_\_\_\_

Payment amount paid: \_\_\_\_\_

Please leave this form in the Church Office's mailbox

## VIDEO RELEASE AGREEMENT

I, \_\_\_\_\_ hereby grant and authorize Barrie Free Methodist Church the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all photos or videos taken of me to be used in and/or on any social media channels associated with the church (Facebook, Instagram, YouTube) or the church website. This authorization extends to all languages, media, formats and markets now known or later discovered. This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing. I waive the right to inspect or approve any finished product in which my likeness appears. I agree to release this without being compensated. I waive any right to royalties or other compensation arising or related to the use of the video. I understand and agree that these materials shall become the property of Barrie Free Methodist Church and will not be returned.

I hereby hold harmless and release Barrie Free Methodist Church from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

- ☐ I approve video
- ☐ I approve photos
- ☐ I approve both photos and videos

Name of other family members giving video release permission to Barrie Free Methodist Church (must be a parent or legal guardian to sign for anyone under the age of 18). When an individual turns 18 they will be required to sign this form authorizing their own permission.

\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_