

Canyon View Church
B.O.O.T. Camp
July 31-August 4, 2017
REGISTRATION FORM

CHILD INFO

(Please complete one form for each child that will be attending)

Child's Name: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Does your child have food allergies? If yes, please specify: _____

Does your child have medical issues, special needs or security/ custody issues we need to know about? If so, please explain how we can help: _____

PARENT/ EMERGENCY CONTACT INFO

Parent(s)/ Guardian Name: _____

Address : _____

City: _____ State: MT Zip Code: _____

Home Phone: _____ Cell or Work Phone: _____

Email Address: _____

In the event of an emergency, please provide us with two other people that we can call, should we be unable to reach you:

NAME: _____ PHONE: _____ RELATION: _____

NAME: _____ PHONE: _____ RELATION: _____





**2017 VBS
MEDICAL CONSENT AND
RELEASE FORM**

Name of Child: _____ **Date of Birth:** _____

In the event that I/we the undersigned parent(s)/ legal guardian(s) of the minor child listed above cannot be reached in a timely manner at the emergency number listed below, do hereby give permission and authorization to staff members (either paid or volunteer) of Canyon View Church, Hamilton, MT, to obtain and administer such medical aid or assistance as might be required in the event of an illness or accident on the part of the minor child, while they are involved in the BOOT camp Vacation Bible School program sponsored by Canyon View Church beginning Monday, July 31 through Friday, August 4, 2017. It is further understood that such permission and authorization includes the administration of medications or medical procedures, as might be ordered by a duly licensed physician of the state of Montana.

In no event will Canyon View Church, its advisors, pastors or staff, be held liable for any accident or illness, nor shall they be held liable for any first aid rendered or treatment, drugs and medical or surgical procedures performed pursuant to this consent.

By signing below, I also give Canyon View Church permission to use my/my child's photo and/or likeness in the BOOT CAMP Vacation Bible School slide show.

Date: _____ **Emerg. Tel #:** _____

PARENT/ GUARDIAN NAME (Please Print): _____

PARENT/ GUADIAN SIGNATURE: _____

SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT:
(Physician's Name & Telephone #, Insurance information, existing medical conditions, etc.)
