



**Jubilee United Church  
Vacation Bible School**

August 16 - 20, 2010 9:00 am – 1:00pm

August 20, 2010 9:00am – 5:00 pm

For children SK – Grade 6

First child - \$40; Siblings - \$35

**Registration / Information / Fitness Form**

*Return to **and** being held at:  
Jubilee United Church*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (completed June 09) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Parents/Caregivers: \_\_\_\_\_

In the event of an emergency, please indicate who we should contact:

Emergency Contact Name #1: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I realize that Jubilee Vacation Bible School is a volunteer staffed organization and I will support my child(ren) and their activities with the Jubilee Vacation Bible School.

I can share the following skills:

Carpentry \_\_\_\_\_ Cooking/Baking \_\_\_\_\_ Crafts \_\_\_\_\_ Dance \_\_\_\_\_ Drama \_\_\_\_\_ Environment \_\_\_\_\_ First Aid \_\_\_\_\_

Outdoor Activities \_\_\_\_\_ Painting \_\_\_\_\_ Music \_\_\_\_\_ Other: \_\_\_\_\_

My child wants to be in the same group as (if applicable): \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Provincial Health Card Number (Optional – to enable access to medical treatment by practitioners in the event of an emergency):  
\_\_\_\_\_

**Does the participant have any allergies? Yes \_\_\_ No \_\_\_ If yes, please indicate below.**

Details: \_\_\_\_\_ Life Threatening: Yes \_\_\_ No \_\_\_

**Is the participant subject to any of the following, check (x) and give details:**

Asthma \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Headaches \_\_\_\_\_ Fainting spells \_\_\_\_\_ Bleeding disorders \_\_\_\_\_ HIV \_\_\_\_\_ Diabetes \_\_\_\_\_  
Back problems \_\_\_\_\_ Motion sickness \_\_\_\_\_ Convulsions \_\_\_\_\_ Other \_\_\_\_\_

Details: \_\_\_\_\_

Does the participant require special care, medication or diet? Yes\_\_\_ No\_\_\_

If yes, please provide details of treatment required and name of medications he/she will be bringing with him/her if required for the above mentioned condition(s) (e.g. asthma pump, Epi-pen).

\_\_\_\_\_

Date of last tetanus shot: Month\_\_\_\_\_ Year\_\_\_\_\_

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes\_\_\_ No\_\_\_

Details: \_\_\_\_\_

Does the participant have any physical, cognitive, emotional or behavioural limitations/challenges that would require assistance and/or modifications to the program to enable him/her to participate fully? Yes\_\_\_ No\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

I have read and understood the information provided with this form. I realize my responsibility in making sure my child(ren) can get to/and be picked up from the Jubilee Vacation Bible School on time. I understand that there is a degree of risk involved in some activities. After careful consideration of all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child(ren), I authorize my child(ren) to participate in the activity as described below. I, the undersigned, hereby give my permission for my child(ren) to attend and participate.

Signed, Parent/Guardian: \_\_\_\_\_ Please Print: \_\_\_\_\_ Date: \_\_\_\_\_

If your child requires medical treatment, your signature here gives the Jubilee Vacation Bible School Directors authority to take initial steps to secure medical advice and services. You will be contacted as soon as possible. If you are unreachable, the person noted as the emergency contact on this form will be contacted.

OFFICE USE: Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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Please cut along this line and retain the remainder of the page for your reference



Program Information:

## Jubilee United Church Vacation Bible School

August 16 – 19, 2010 9:00 am – 1:00 pm  
August 20, 2010 9:00 am – 5:00 pm  
For Children SK – Grade 6  
First Child - \$40; Siblings - \$35

Jubilee United Church  
40 Underhill Drive, Toronto, ON M3A 2J5 416-447-6846

A daily PEANUT FREE morning snack will be provided.

Activities will include: **CRAFTS**, **GAMES**, **SINGING**, **ACTIVE FUN & PLAY**

**Each child will need:**

- Lunch (*litter and peanut free*)
- Comfortable running shoes or sports sandals
- Comfortable summer clothes (that can get messy)
- Hat
- Sunscreen (applied before arrival each morning)

If you have any questions concerning this activity and/or you would like to help volunteer in this event, please contact Jubilee United Church at **416 - 447 - 6846 ext. 104**