

I/we, the parents or guardians named above, authorize OAC staff or one of the Okotoks Alliance Church Children's Ministry Volunteers to sign a 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 OAC staff, the Children's Ministry Volunteers, Okotoks Alliance Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Okotoks Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

This consent and authorization is effective only when participating in or traveling to events of the Okotoks Alliance Church VBS.

Parent/Guardian Consent and Authorization:

I have read, understood and agree with the above and sign it to cover all activities related to the VBS of Okotoks Alliance Church.

Signature _____

Date _____

Photo Release:

Over the course of this VBS, pictures may be taken for both internal and external purposes. Please indicate your consent by selecting the appropriate response below:

Yes _____ No _____

For more information, please email kidzone@okalliance.ca.



VACATION BIBLE SCHOOL

Grade School

July 10-14th, 2023

Ages 6-12



Jerusalem Marketplace VBS

Okotoks Alliance Church

July 10-14, 2023

\$45/child

Please fill out one per child and

Return with payment to the church office

(Cheques can be made out to Okotoks Alliance Church)

Ages 6 - 12

When: July 10-14, 2023

9am - noon

Where: Okotoks Alliance Church

Cost: \$45.00

Child's Name _____ Age _____

Address _____

Phone Number _____ Cell _____

Date of Birth _____

Health Card Number _____

Email _____

Allergies: _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?

Is your child bringing any medication with them? If yes, please list.

Parents'/ Guardians Name _____

In case of an emergency, contact (include phone number)

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.