

Trinity Lutheran Church Vacation Bible School

2018 Registration

Operation Arctic

July 9-13, 9:00 am – 12:00

For children 4 years(by Sept) to grade 6



Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Cell: _____

Date of Birth: _____ Grade Entering: _____

School Attending: _____

Emergency Contact: _____

Phone: _____ Cell: _____

Allergies/Medical Conditions: _____

Family Doctor: _____ Phone: _____

Siblings Attending VBS: _____

Church Affiliation (if any): _____

In the event of accident, sickness or other medical emergency, I hereby authorize Trinity Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, Trinity Lutheran Church, it's Pastors, staff and volunteers are hereby released from any liability.

I hereby give authority to Trinity Lutheran Church to publish any pictures/video taken during VBS this year.

Parent/Guardian Signature: _____

Date: _____ E-mail Address: _____

Does your child have an Educational Assistant at School? Yes ___ No ___

Please leave all screens (phones iPods etc.) at home

For information check out:

www.brookstrinity.ca or contact us at brkstrin@telusplanet.net 403-362-4259

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