



# Registration Form

Please complete one registration form per child. Registration fee is \$10/child, or \$25/family

Name \_\_\_\_\_

Birthdate (M/D/Y) \_\_\_\_\_

Grade entering in the Fall: \_\_\_\_\_  
You must be entering SK-Gr 6 to register

Permission to photograph: Yes      No

Allergies/Medical Conditions/Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Health Card # \_\_\_\_\_

The personal information provided by you will be used exclusively by Burlington CRC for the purpose of informing you of ministries and events at Burlington CRC. Your contact information will not be shared.

If friends are registering also, please indicate **one** or **two** other children that your child would prefer to be in the same group with. (We will do our best to accommodate requests)

1. \_\_\_\_\_

2. \_\_\_\_\_

Parents: \_\_\_\_\_  
 \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Church Affiliation: \_\_\_\_\_

Emergency Contact (Name & number): \_\_\_\_\_

Name and relationship of other individuals authorized to pick up the children:  
 \_\_\_\_\_

**GENERAL RELEASE - Registrations will not be processed without a signature.**

In consideration of permission to use the property, facilities, staff, equipment and services of the Burlington Christian Reformed Church, I on behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, **do hereby release, indemnify and save harmless, waive and forever discharge** the Burlington Christian Reformed Church, its directors, officers, employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in activities, classes, observation and use of facilities, premises or equipment. I further authorize the Burlington Christian Reformed Church to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge I have read, understood and agreed to this waiver, release and indemnity.

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

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

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

**How did you learn about our VBS program?**  
 (Check box)

- City of Burlington Parks & Recreation Guide
- The Burlington Post
- I received an email from Burlington CRC
- I attend Burlington CRC
- I was invited by a friend

Other: \_\_\_\_\_

