

What will happen at Day Camp?

Don't miss out on this week of fun filled adventure for your child. Every day will have something different and exciting to help build up your child, both physically and spiritually. During the morning there will be planned activities for your child to learn about God through exciting stories, crafts and games. After lunch, there will be planned outdoor activities such as sports, bubble making and lots more. It'll be lots of fun.

What will my child(ren) need to bring?

Please ensure that your child will bring a water bottle and sunscreen.

How much does it cost?

Register by:	Fee	Shirt	Due date
Regular Registration	\$60	included	July 31

*Early-bird & Regular registration, this covers supplies for the activities and a t-shirt. Sign up early!

Who is organizing the day camp?

Our day camp team is made up of volunteers from each of the churches who have all been trained for this program and is in compliance with "Plan to Protect", our child protection policy.

If you have any questions, please contact Pastor Krystle at

778-990-8694 or reach her by email: krystle@richmondpentecostal.org

Waiver & Medical Release Form (Special Events)

Activity: Day Camp/ VBS	T-shirt Size (please circle below):		
Date: August 12 th to August 16 th	Youth: S M L XL		
Time: 9:00am to 2:00pm	Adult: S M L		
Cost: (included all activities, lunch & t-shirt)			
Early-bird registration: \$55 (due June 30 th)			
Regular Registration: \$60 (starts July 1st)			
Name of child:	Grade:		
Birthday (Day/Month/Year):	Male: 🔛 Female: 📃		
Email Address:	Phone#:		
Does your child have any severe/ life threatening all (Bee sting, food, penicillin, other drugs) If yes, please			
Does your child bring any medication with him or he Yes: No: If yes, please explain:	r? (Antibiotics, ventilators, retalin)		
Precautions are taken for safety and health of you sickness, RPC, its staffs, and its volunteers are hereby that your child requires special medication, x-rays or notified immediately. Your child must be covere equivalent medical insurance.	released from any liability. In the event treatment, the parent/ guardian will be		
Care Card Number:			
Name of Family Physician:	Physician Phone #:		
Emergency Contact (in case we can't reach Parent Name:			
Phone#:Email:			
Parent/ Guardian Signature:	Date:		

I/we the undersigned parent(s) ore legal guardian(s) of the child listed below, declare that I/we voluntarily assume all risk of personal injury, loss of property, damage which may arise from participation in or attendance of at these functions, including travel to and/or from these functions, whether such injury, loss or damage shall arise from negligence or otherwise. Richmond Pentecostal Children's ministries uphold the standard that children respect the rights and property of others. If this behaviour cannot be maintained, the organisation reserves the right to withdraw the child from the program or withhold the rights to participate in future events.

Consent form for the use of photography or video (parent and children)

Richmond Pentecostal recognise the need to ensure the welfare and safety of all young people taking part in any activity associated with our organisation.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children. As your child will be taking part in our VBS, that will take place at the church from **9:00 am to 2:00 pm on Monday August 12th to Friday August 16th 2019**, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as:

- o a record of the activity or the event
- in a written evaluation report of the activity or event that will be viewed by RPC.
- o publicity material for further activities or events on leaflets/websites/magazines
- o illustrations of the activities or events in published articles
- o future grant applications

Richmond Pentecostal church will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

By signing below, I hereby give Richmond Pentecostal Church permission to take photographs and/or a video of my child.

Name of Child

Name of Parent/ Guardian

Date

Signature or Parent/ Guardian