



## Event Application

Event:	Date of Event:
Event Time/Duration:	Event Location:
Cost: <small>Please make Checks payable to: VBC</small>	Application Due Date:
Transportation: <small>I'll drop my child off at location</small>	<small>I'll drop my child at the church to be transported</small>

### Student Information

Last Name:	First Name:	
Grade:	Age	Gender: M   F
Phone:	Email:	
Address:	City	
Postal Code:	Province	

### Parent / Guardian Information

Name(s):	Email:
Home Phone:	Other Phone:

### Medical Information

Health Card #:	Health Card Expiry Date:
Medical Conditions or Allergies: <small>(Please make special note of food allergies)</small>	Medication(s) Currently Being Taken: <small>(Please note medication names and times taken)</small>

## Permission Form

### Student

I promise to abide by all rules and plans set forth by the leaders of Refuge Student Ministry / Victory Baptist Church during the course of this event.	
Signature:	Date:

### Parent

I / we are the legal guardians of the student named above and hereby give my / our permission for the named student to participate in the above named event with the leaders of Refuge Student Ministry / Victory Baptist Church. I understand that in the event of an emergency that the leaders of Refuge Student Ministry / Victory Baptist Church will do everything in their power to contact me personally, but that in the event that they are unable to do so, I / we give my / our permission for the leaders to seek necessary medical attention for the student named above.	
Signature:	Date:

### Office Use Only

Approved (Circle One): Yes / No	Paid:	Owed:
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