Rainforest Falls VBS Registration Form

(one per child)

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last school grade completed: _____

Name of parent(s)/guardian(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home telephone number: __(_____)_____

Parent/guardian's cell phone number: ___(_____)_____

Email address: _____

Allergies, medical conditions, or special needs:

_____

_____

_____

Emergency contact information should be provided on the Activity Program Waiver and Medical Release form.

Please Note: Though one registration form is required per child, all children in one family can be included on one Medical Release form. If you are filling out a Medical Release form for more than one child, please be sure to list the names of all the children it will cover. **Both forms need to be completed for children to attend the event.**