Trinity Baptist Church-KID'S BIBLE ADVENTURE WEEK (KBAW) Child Care Emergency Consent & Registration Form

	First Name 名	Last Na	me 姓	
irth Date 出生年月日:	Age 年齡: Grade	e complete 年級:	BC Care Card Number 醫	療卡號碼:
	Food allergies/Medical	Concerns 食物過敏或特	殊健康狀況:	
(N/A 無)				
olings attending 有兄弟姊妹			← 15A	
	print name and age below: 請寫名			
	ge 年齡:; Name 名字:			
]/監護人名字: Cell phone 手機:			
	Ceii phone 于城			
MIC35 252E.				
		Consent 同意書		
l,	give permission to my child			
我,(請填寫家長/監護人名	名字)同意我的孩子(請填寫孩子的	名字)		
(initials) -give perm	ission to photograph/film for prese	ntation and church web	site.	
(姓名縮寫)-允許孩子被照	相或攝影作為教會發表或網頁使用	Ħ		
	ssion for the volunteers/church sta			
	會工作人員對任何輕傷或重傷進行	亍急救或撥打 911 緊急	救助	
_	re:			
Date:	家長/監護人簽名 日期			
	C	OFFICE USE ONLY		
(Office copy) Receipt No.				
	Payment Method:Cheque; ild as above. (Sign and date) Payme	-		
**List children's names:			First child: \$55	
			2 nd siblings: \$45	5
			For each subse	quent sibling: \$30

TBC Kid's Bible Adventure Day Camp Consent & Liability Release Form 2025

2025 三一浸信會兒童聖經夏令營免責和同意書

I,(父母/監護人名字) parent/guardian give consent for my child/children their participation in "Kid's
Bible Adventure Week", organized by Trinity Baptist Church. 我同意孩子參加三一浸信會兒童聖經夏令營
This year's event will be held from 9 am to 12 pm, July 7-11, 2025 at Trinity Baptist Church, 1460 West 49th St, Vancouver.
今年舉辦時間是 <u>9 am to 12 pm, July 7-11, 2025</u> 在三一浸信會舉行。
I agree not to hold Trinity Baptist Church its Staff, Interns, Practicum Students and Volunteers liable or responsible for any loss or injury sustained by my child or child's property that may arise in connection with their participation in the event.
我同意,對我孩子或孩子的財產因參加活動而可能遭受的任何損失或傷害,三一浸信會的工作人員、實習生和志願者不承擔任何責任。
I understand the "Kid's Bible Adventure Week" leadership will make every reasonable attempt to provide a safe and caring environment for my child(ren).
我知道「兒童聖經夏令營」的帶領同工們會盡一切合理努力為我的孩子提供一個安全和關懷的環境。
I authorize the "Kid's Bible Adventure Week" leadership to seek and authorize medical attention in the event my child needs medical care for emergency reasons.
我授權「兒童聖經夏令營」帶領同工們在我的孩子因緊急情況需要醫療護理時尋求並授權醫療照顧。
I understand a call will be made to the parents/guardians, however, if contact cannot be made on first call, assistance will be authorized by the camp leaders.
緊急狀況時‧我知道帶領同工們會打電話給父母/監護人‧但如果在第一次打電話無法聯繫到時‧營會負責人將 被授權提供協助。
I also release any picture and/or audio/video recording of myself and/or my child(ren), taken during "Kid's Bible Adventure Week" 2025, to be use only for promotional and communication purposes and/or for future projects at Trinity Baptist Church. Participants will not be identified by name in any picture or audio/video recording.
我允許孩子在營會中被照相或攝影並作為教會發表·溝通或網頁使用。
I understand appropriate Covid safety measures will be put in place in accordance with provincial guidelines. I will not send my child to camp if they have any Covid-19 symptoms. 我了解根據省衛生廳規定,適當的疫情安全措施會執行。若孩子有新冠相關症狀,我不會讓他來參加營會活動。
Parent's/Guardian's signature: Date:
家長/監護人簽名 日期
**Lunch is provided on <u>Friday</u> , families are invited. Please sign up below if you plan to join.
周五將提供午餐‧歡迎您留步和我們一起共用午餐。如您計畫參加‧麻煩在下面報名。
Yes, I/We plan to come. Numbers of people attending:
是的,我/們計畫參加。參加人數

REGISTRATION DEADLINE: June 15, 2025 報名截止日期: 6 月 15 日, 2025

** Once completed, please email to Pastor Chris Chu at chrischu@tbcvancouver.ca, Church Office (off-hours please return in mail slot), or Daycare Staff**

完成的報名表請依上面電郵給 Chris 牧師、教會辦公室 (下班時間請逕自投入門上信箱)或幼兒園員工