



Church: #106 Office: # 206
6391 Westminster Hwy Richmond, B.C.

Telephone: 604-303-5831
Email: vbs@rpgmbc.org



Date: Aug 14-18 (M - F) 日期: 八月十四日至十八日 (週一至五)
Time: 9:30am - 12:30pm 時間: 上午九時半至中午十二時半
Closing Aug 18 (Fri) 結業禮: 八月十八日 (星期五)
Celebration: 7pm - 8:30pm 晚上七時至八時半

Form No.: _____

English Name 英文姓名:	Chinese Name 中文姓名:	Date of Birth 出生日期: 年 YYYY 月 MM 日 DD	Age 年齡:	Gender 性別: <input type="checkbox"/> F 女 <input type="checkbox"/> M 男
B.C. Care Card No. 卑詩醫療卡號碼:	Travel Insurance No. 旅遊保險號碼 (Non Residence Only 非居民使用):		NOTE: Please include a photocopy of your travel insurance showing your child's name and insurance no. 附錄: 請附上旅遊保險副本, 必須顯示參加者姓名及旅遊保險號碼	
School 就讀學校:	Grade as of June 2017 暑假前就讀班級: <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> None <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6	Home Church 所屬教會: <input type="checkbox"/> Non-believer 未信主		
Address 地址: _____ City 市 Province 省 Postal Code 郵區號碼				

Father's Name 父親姓名: <input type="checkbox"/> Use as primary contact 用作主要聯絡人	Mother's Name 母親姓名: <input type="checkbox"/> Use as primary contact 用作主要聯絡人	Guardian's Name 監護人姓名: <input type="checkbox"/> Use as primary contact 用作主要聯絡人	Primary Contact Email 主要聯絡人電郵: _____
Father's Cell No. 父親手提電話:	Mother's Cell No. 母親手提電話:	Guardian's Cell No. 監護人手提電話:	

Allergies 敏感: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 Please specify allergies and reaction 請詳細列明敏感症狀及反應:	Emergency Medication Needed 在緊急情況下需用藥物: <input type="checkbox"/> Yes 需要 <input type="checkbox"/> No 不需要 Please specify 請詳細列明:
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EMERGENCY CONTACT 緊急聯絡的親友資料 (BESIDES PARENTS 父母除外)		
Name 姓名:	Relationship 關係:	Contact No. 聯絡電話:
Family Doctor 家庭醫生姓名:	Doctor's Telephone No. 醫生電話號碼:	

OTHERS 其他	
How did you hear about our VBS? 你是如何聽到本教會的暑其聖經日營? <input type="checkbox"/> Email from RPGMBC 列治文基督教頌恩堂發出的電郵 <input type="checkbox"/> Friend 朋友 Friend's Name 朋友姓名 _____	<input type="checkbox"/> I would like to receive information on other events at RPGMBC via email. 本人希望以電郵方式收到列治文頌恩堂其它活動消息。 <input type="checkbox"/> I do not want to receive information on other events at RPGMBC. 本人不希望收到列治文頌恩堂其它活動消息

註: 本表格內容中文翻譯只供參考之用, 如與英文原文有任何歧異, 概以英文版為準。

(Please fill in back page 請填寫後頁)

Office Use Only

RECEIPT		
RICHMOND PACIFIC GRACE MB CHURCH, Vaction Bible School 2017 – Cave Quest Aug 14–18 · 9:30am – 12:30pm. Closing ceremony on Aug 18 · 7pm – 8:30pm. #206 – 6391 Westminster Hwy., Richmond BC, V7C 4V4		
Received from:	Amount: <input type="checkbox"/> \$50 Early bird <input type="checkbox"/> \$60 Regular	Paid on: / / 2017(D/M/Y)
Name of participant:	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Received by:

Registration fee fully refundable when cancellation is made before July 16. 在七月十六日前取消註冊者, 費用將獲全數退還。

PARENTAL CONSENT 家長同意書

I hereby give consent _____ to attend the VBS activities at Richmond Pacific Grace MB Church (RPGMBC).

本人在此同意_____參與列治文基督教頌恩堂暑期聖經日營(VBS)之一切活動。

I understand that caution will be taken to ensure safety and prevent injury, and RPGMBC and the persons in charge will not be held legally responsible in case of accidents. 本人明白活動負責人將盡力照顧孩子並保障其安全。如有意外或受傷事件發生，將不會向列治文基督教頌恩堂及負責人追究法律責任。

In the event that my child requires urgent medical attention, I authorize qualified personnel of RPGMBC to perform first-aid treatment and/or administer life-saving medications to my child when necessary. I also authorize RPGMBC to seek medical advice and services, including calling paramedics as deemed necessary. I agree to be financially responsible for such emergency medical assistance and understand that I will be notified as soon as possible if such emergency arises. 如果我的孩子在活動中遇到緊急的健康事故,我會盡快得到通知。我授權經受訓練急救人員,為我孩子施行急救(或藥物)治療。我亦授權活動負責人尋求緊急醫療服務(包括召救護車往急症室) 並同意負擔相關的醫療費用。

Photographs and videos may be taken during the event. I authorize RPGMBC to use photographs/videos taken of my minor child, in which he/she may be included with others, including the surrounding areas depicted in said photographs/videos, for normal church ministry operations. 活動當中可能會進行拍攝。本人授權列治文基督教頌恩堂使用我的孩子在參與活動中被拍攝的影像, 以作教會的正常運作及事工之用。

Parent's / Guardian's Signature 家長或監護人簽署 : _____ Date 簽署日期: _____

Protecting Your Personal Information 私隱說明

We respect your privacy! Any and all the information collected will be kept strictly confidential for the use of RPGMBC ministry and will not be sold, disclosed or loaned to others. Any information you give us will be held with the utmost care and will not be used in ways that you have not consented to. 我們尊重您的私隱權! 此表格所錄得的一切資料將絕對保密並只供列治文基督教頌恩堂之用, 不會外借給他人。您所提供的資料會被嚴格處理, 在未經您的同意前不會作其它用途。

CONSENT OF AUTHORIZATION PICK-UP 接送人授權名單

I authorize the following people to pick-up my son(s)/daughter(s) from VBS 2017. 本人同意以下名單上人在營會中接送我的兒子或女兒。

1. Name 姓名:

Relationship to child 關係:

2. Name 姓名:

Relationship to child 關係:

3. Name 姓名:

Relationship to child 關係:

4. Name 姓名:

Relationship to child 關係:

Parent's / Guardian's Name 家長或監護人姓名 :

Parent's / Guardian's Signature 家長或監護人簽署 :

Date 簽署日期:

Office Use Only

Paid on: _____ / _____ / 2017 (D/M/Y)

Received by:

Amount Paid: \$50 Early bird (on or before June 26, Sun) \$60 Regular

Payment Method : Cash Cheque