



Date : August 13-17 (Mon-Fri) 日期: 八月十三日至十七日 (週一至週五)
 Time: 9:30 am – 12:30 pm 時間: 上午九時半至中午十二時半
 Closing August 17 (Fri) 結業禮: 八月十七日 (星期五)
 Celebration : 7:00 pm – 8:30 pm 晚上七時至八時半



160-6391 Westminster Hwy, Richmond, BC V7C 4V4
 Tel: 604.303.5831 Email: vbs@rpgmbc.org

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-residents Only 非居民使用): <i>NOTE : Please include a photocopy of your travel insurance policy/certificate showing your child's name and policy number</i> 附註: 請附上旅遊保險單副本·必須顯示參加者姓名及保單號碼			
School 就讀學校:	Grade as of June 2018 暑假前就讀班級: <input type="checkbox"/> None <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Preschool <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 3 <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:	Father's Cell No. 父親手提電話:	Father's Email 父親電郵:	Choose primary contact 選主要聯絡人 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother's Name 母親姓名:	Mother's Cell No. 母親手提電話:	Mother's Email 母親電郵:	
Guardian's Name 監護人姓名:	Guardian's Cell No. 監護人手提電話:	Guardian's Email 監護人電郵:	

Allergies 敏感: <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 <i>Please specify allergies and reactions 請詳細列明敏感症狀及反應:</i>	Emergency Medication Needed 在緊急情況下需用藥物: <input type="checkbox"/> No 不需要 <input type="checkbox"/> Yes 需要 <i>Please specify 請詳細列明:</i>
--	---

EMERGENCY CONTACT 緊急聯絡的親友資料 (BESIDES PARENTS 父母除外)		
Name 姓名:	Relationship 關係:	Contact Phone No. 聯絡電話:
Family Doctor 家庭醫生姓名:	Doctor's Phone No. 醫生電話號碼:	

OTHERS 其它	
How did you hear about our VBS? 你是如何得知本教會的暑期聖經日營? <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"/> Others 其它途徑 – Please specify 請註明: _____	<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)

PARENTAL CONSENT 家長同意書

- I hereby give consent for _____ 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，如遇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.
我授權經受訓練之急救人員為我的孩子施行急救(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。若我的孩子在活動中遇到緊急的健康事故，我會盡快獲通知。
- 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。

Special Instructions
特別注意事項:

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 AND AUTHORIZATION OF PICK-UP PERSONS 接送人授權名單

I authorize the following people to pick-up my child(ren) from VBS 2018. 本人授權下列人士從營會中接送我的孩子。

1. Name 姓名:	2. Name 姓名:	3. Name 姓名:	4. Name 姓名:
Relationship to child 關係:	Relationship to child 關係:	Relationship to child 關係:	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

Amount Paid: \$55 Early bird (on or before Sunday June 10) \$65 Regular Paid on: / / 2018 (D/M/Y)
Payment Method Cash Cheque # _____ Received by:

RECEIPT

RICHMOND PACIFIC GRACE MB CHURCH Vacation Bible School 2018 – SHIPWRECKED!

August 13–17 · 9:30 am – 12:30 pm Closing ceremony on August 17 · 7:00 pm – 8:30 pm.
160 - 6391 Wesminster Hwy, Richmond, BC V7C 4V4

Received from: Amount Paid: \$55 Early bird \$65 Regular Paid on: / / 2018(D/M/Y)
Name of participant(s): Payment Method: Cash Cheque # _____ Received by:

Registration fee fully refundable if withdrawn before July 15. 在七月十五日前退出者，費用將獲全數退還。