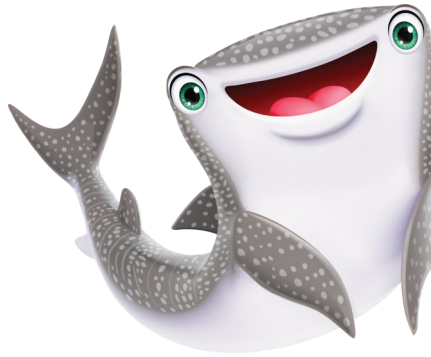


Day Camp includes:

- Hands-on learning
- Bible Story
- Snacks
- Group Games
- Fun songs



---

Scuba VBS takes kids deep into an amazing undersea adventure where they will experience the ever-flowing, never-ending love of God.

---



Plunge beneath  
the waves to forge  
a mighty faith!

Day 1 Registration begins at 8:30 a.m.  
All other days doors will open at 8:45 a.m.

\*A security pass system will be in place

\*\*Please make sure to mark child's allergies on registration form

# Scuba VBS 2024



**July 8-12**

**9:00 am - 12:30 pm**

**For Grades K-5 (as of September 2024)**

**Earlybird—\$40/child (on or before June 24)**

**Regular—\$50/child (June 25 - July 2)**

**Sorry, no walk-in registrations.**

Ebenezer  
Baptist Church 

**107 McWillie Avenue**

**Saskatoon, SK S7S 1B2**

# Scuba VBS 2024

July 8-12  
9:00 a.m.—12:30 p.m.



Please register through Eventbrite online or drop off or mail all payments and this Registration Form to Ebenezer Baptist Church. For more information call (306) 249-0084.

**NOTE: Walk in registrations will not be accepted**



**EBC VBS 2024**

**Registration Form (one form per child)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male/Female

Birthday (m/d/y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade as of Sept. 2024(circle one): K 1 2 3 4 5

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Day Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Day Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_ Health Card #: \_\_\_\_\_

List Special Concerns (i.e. behavioural, emotional that we should be aware of): \_\_\_\_\_

List Allergies: \_\_\_\_\_ EPI Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of 1 special friend that you would like to be grouped with: \_\_\_\_\_

**Parent/Guardian must complete the following VBS MEDICAL AUTHORIZATION FORM:**

I/WE, the undersigned, hereby authorize the staff and volunteers of the VBS/Ebenezer Baptist Church to consent to emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery or administration of necessary anesthetics when in the opinion of a physician or surgeon of good standing, such medical treatment is necessary for the mental or physical health of the participant and I/we cannot be reached within reasonable time to obtain our consent for treatment. This authority is given for the duration of VBS 2024. The grant of authority shall not create an independent duty on the part of EBC and its authorities to consent to treatment. I/we release Ebenezer Baptist Church, its officers, employers, suppliers, and affiliates from any and all claims, actions, and liability which may arise, directly or indirectly, from participating in any or all aspects of Ebenezer Baptist Church VBS for any loss, injury, or damages to, or in respect to, any person or property. **YES, I/we agree to the above waiver:**

Name of registrant (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian must complete the following VBS VIDEO/STILL PHOTOGRAPHY AUTHORIZATION FORM:**

I/WE hereby authorize the staff of Ebenezer Baptist Church to take video or still shots of my child during VBS. These videos and still pictures may be used for marketing materials as well as online promotions. I/we understand that they retain the sole right to use photos and video for publicity and advertising purposes.

**YES, I/we agree to the above waiver. Parent/guardian signature:** \_\_\_\_\_

**NO, we do NOT want our child photographed/videod:** \_\_\_\_\_

**Payment:**

\_\_\_\_ \$40/child Earlybird Full Payment Enclosed if postmarked on or before June 24, 2024

\_\_\_\_ \$50/child Regular Registration Payment received after June 24, 2023

Method: \_\_\_\_\_ Cheque (made out to Ebenezer Baptist Church) \_\_\_\_\_ Cash

\_\_\_\_ Debit/Visa/Mastercard (available in church office)

\$ \_\_\_\_\_ Amount total

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Office Use Only:
Date Received: _____
Date Paid: _____
Amount Paid: _____
Payment Type: _____
REG _____ of _____