

## Timothy Fellowship 2024-2025 Registration Form

### General Information 個人資料

Name 姓名: \_\_\_\_\_ ( M / F ) Age 年齡: \_\_\_\_\_ Birthday 出生日期 (Y/M/D): \_\_\_\_\_

Address 地址: \_\_\_\_\_ Parent/Guardian 家長/監護人姓名: \_\_\_\_\_

Parent/Guardian contact phone # 家長/監護人電話: \_\_\_\_\_

Parent/Guardian contact email 家長/監護人電郵: \_\_\_\_\_

Student contact phone # 學生電話: \_\_\_\_\_

Student contact email 學生電郵: \_\_\_\_\_

Home Church 所屬教會名稱: \_\_\_\_\_ \*Can we contact you about related programs? YES / NO

### Medical Information 醫療資料

Doctor's Name 家庭醫生: \_\_\_\_\_ Doctor's Phone 家庭醫生電話: \_\_\_\_\_

BC Care Card 醫療卡號碼: \_\_\_\_\_

Emergency Contact 緊急聯絡人: \_\_\_\_\_ Emergency Contact # 緊急聯絡人電話: \_\_\_\_\_

Allergies/Medical Conditions 過敏症或其他健康問題: \_\_\_\_\_

### Parental Consent 家長同意書

I consent to and assume all risks and hazards of and incidental to the participation of the child named on this registration form in the activities of Timothy Fellowship. In case of accidents or emergency, I consent to allow the Timothy Fellowship staff to attend to my son or daughter to provide immediate care and medical attention. Furthermore, I agree to release, waive and forever discharge all Timothy Fellowship's and VCEFC's staff or volunteers working for Timothy Fellowship and/or VCEFC from all claims arising from the participation of the child named on this registration form.

本人同意承擔上述報名表的兒童因參與夏令營之活動可能引致對該兒童造成的危險及對健康的危害。在緊急情況下，本人同意夏令營的工作人員給本人子女提供即時的照料及醫療的照顧。此外，本人亦願意在任何情況下均放棄向溫哥華華人播道會所有的工作人員或義工追討權益及追究責任。家長同意書以英文版本為標準。

\*Can we take photos of your children (我們能否為您的孩子拍照)? YES / NO

Signature of Parent/Guardian 家長 / 監護人簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_