

# SonSurf Beach Bash VBS Registration

Hosted by Bethany Baptist Church June 4 - 8, 2018 Stephens Park, Moline 6:00pm - 8:00pm

**ONE FORM PER CHILD - PLEASE PRINT CLEARLY**

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Birth Date (mo/day/year) \_\_\_\_\_ Grade going into fall of 2018 \_\_\_\_\_ Gender M/F \_\_\_\_\_

Street Address \_\_\_\_\_ (Apt #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Name of home church, if any \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian(s) work phone(s)\* \_\_\_\_\_

**\*needed only if P/G will be at work during the time child is attending SonSurf Beach Bash VBS**

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Names of adults (18 years or older) who may drop-off and/or pick-up your child:

\_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

I certify that \_\_\_\_\_ has my permission to participate in the Bethany Baptist Church SonSurf Beach Bash VBS. In case of injury incurred at VBS, I also grant adult volunteers from Bethany Baptist Church permission to act according to their best judgment in any situation requiring medical attention, and consent to any medical care deemed advisable by any accredited physician in an approved emergency clinic or hospital.

~ Does child have permission to be photographed for non-commercial purposes? YES NO

~ Does child have permission to walk to and from park pavilion without an adult? YES NO

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_