



# *SonTreasure Island*

## **2016 VBS Registration**



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

Birthdate: \_\_\_\_\_ School grade just completed: \_\_\_\_\_ T-shirt size (circle one):  
YS, YM, YL, AS, AM, AL, AXL

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Church: \_\_\_\_\_ Guest of: \_\_\_\_\_

### **EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### **MEDICAL RELEASE FORM**

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of Whitewater Baptist Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Whitewater Baptist Church, any of its minist or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

**Date Signed:** \_\_\_\_\_ **Parent/Legal Guardian (print)** \_\_\_\_\_

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

Please list any allergies. Include medications, foods, etc.: \_\_\_\_\_

Does your child have any medical or special needs, including medications currently being used?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_