

## SonSurf Beach Bash VBS Registration 2011, Port Republic UMC

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth date \_\_\_\_\_  
Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth date \_\_\_\_\_  
Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birth date \_\_\_\_\_



Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent Names (s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Allergies or other medical conditions \_\_\_\_\_  
Name of home church, if any. \_\_\_\_\_

In case of emergency and I am not available, I give permission for my child/children to receive treatment as medically appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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