



## VBS Summer Camp 2017

July 17-21 | 9:00 a.m. – 12:00 p.m.

### Registration Form

*Each student must have a registration form completed in order to attend*

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Name of Parent(s) or Legal Guardian \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work/Home Phone \_\_\_\_\_

E-Mail (PRINT) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

#### Medical and Insurance Information

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies/Health Issues: \_\_\_\_\_

During VBS, I permit my child to be picked up by \_\_\_\_\_

I permit my child's name and food allergies to be posted for VBS staff members to see. Yes\_\_\_ No\_\_\_ NA\_\_\_

I permit VBS staff to administer bug repellent and or sunscreen to my child during outdoor activities in the event that either becomes necessary. Yes\_\_\_ No\_\_\_

Pictures of my child may be used in future VBS promotional material. Yes \_\_\_ No\_\_\_

My Child has permission to attend and participate in Galactic Starveyors VBS Summer Camp at the Rockport Baptist Church.

Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

This registration may be mailed to the Rockport Baptist Church, 4 High Street, Rockport, MA 01966