

Camping Adventure!

Explore Who God Is

July 24-28, 2017 from 9:00-11:15 A.M.

(AGES 4yrs--5th Grade)

1) Name _____ Age _____ Grade for 2017/18 _____

Birthdate _____

2) Name _____ Age _____ Grade for 2017/18 _____

Birthdate _____

3) Name _____ Age _____ Grade for 2017/18 _____

Birthdate _____

Address _____ City/State/Zip _____

Regularly attend church? _____ Where? _____

Parent(s)/Guardian(s) _____ Phone(hm) _____ Phone(wk) _____

Emergency Contact (other than parent) _____ Emer. Phone _____

Parent's Signature _____ Invited by _____

I give permission to publish my child's photo on the Westminster Presbyterian Church website and on Flickr. (please circle) YES NO

MEDICAL RELEASE

Doctor's Name _____ Phone _____

Child's Name	Known Conditions	Allergies	Add'l Info.
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_____	_____	_____	_____
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In case of a medical emergency*, I hereby give my permission to the physician selected by the VBS Director(s) to secure proper treatment and/or hospitalization for my child(ren)

Signature of parent or legal guardian _____ Date _____

****The VBS Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.***