

**Trinity Baptist Church**  
**SonRock Kids VBS Registration**  
**July 20<sup>th</sup> – 24<sup>th</sup> 2009 6:15 to 8:30 PM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Parent(s) Name(s): \_\_\_\_\_  
Home e-mail address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Last school grade completed (as of 6/08): \_\_\_\_\_  
In case of emergency, contact: \_\_\_\_\_  
Allergies or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dietary restrictions (vegetarian, etc.): \_\_\_\_\_  
Home church: \_\_\_\_\_

**TWO EMERGENCY CONTACT PEOPLE OTHER THAN PARENT/GUARDIAN**

Name _____	Relationship _____
Home phone _____	Work phone _____ Cell/pager _____
Name _____	Relationship _____
Home phone _____	Work phone _____ Cell/pager _____

**PEOPLE AUTHORIZED TO PICK-UP FROM VBS**

Please list below the people authorized to pick up your child from VBS. Anyone picking your child up will need to have a photo id.

Name _____	Phone number _____
Name _____	Phone number _____

**T-SHIRT ORDER INFORMATION**

VBS participants will receive a free T-Shirt with their VBS registration. T-Shirt size: \_\_\_\_\_

**PERMISSION TO USE CHILD'S PHOTOGRAPH**

I (or We), the parent/guardian) of the child(ren) named above, give permission to Trinity Baptist Church of Deep Gap, NC to use picture(s) of the above named on the web site of Trinity Baptist Church. I also understand that from time to time pictures are taken during the activities at Trinity Baptist Church of Deep Gap, NC, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video taped and/or photographed and used in the above listed manner.

\_\_\_\_\_  
Parent/Guardian Signature  
  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
  
\_\_\_\_\_  
Date

### Medical Release

\_\_\_\_\_ (name of child)                      \_\_\_\_\_ (name of child)  
\_\_\_\_\_ (name of child)                      \_\_\_\_\_ (name of child)

I, the undersigned parent or guardian, grant permission for the above named to attend Vacation Bible School. In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff and Trinity Baptist Church from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be paid by me or by my insurance company.

\_\_\_\_\_ Parent/Guardian Signature                      \_\_\_\_\_ Parent/Guardian Signature

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

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_ S.S. # \_\_\_\_\_

### EMERGENCY TRANSPORT INFORMATION

Please sign below to give Trinity Baptist Church permission to transport your child in the event of an emergency.

I give Trinity Baptist Church permission to have my above named child(ren) transported to (Hospital, Clinic) \_\_\_\_\_ for emergency medical care, (Dentist ) \_\_\_\_\_ for emergency dental care, or to the nearest available source of assistance.

\_\_\_\_\_ Parent/Guardian Signature                      \_\_\_\_\_ Parent/Guardian Signature

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