

# SonSurf Beach Bash Registration Form

July 11-15, 2011

Please complete one form per child.

Return both pages, signed, with payment, to:

Jacquie Schulz, First Presbyterian Church, 6 Everett St., Newport RI 02840

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ School grade completed \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email \_\_\_\_\_

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

\_\_\_\_\_ (parent's work phone)

In case of emergency, contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Allergies or other medical needs \_\_\_\_\_

\_\_\_\_\_

Home Church (if any) \_\_\_\_\_

Please note that your child will be dismissed only to parents/guardians and emergency contacts listed on this registration form.

**Standard Release Information**

The undersigned gives permission to his or her child to participate in the Vacation Bible School at First Presbyterian Church, Newport, RI and releases First Presbyterian Church, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify First Presbyterian Church, its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named in on this registration.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of First Presbyterian Church, Newport, and may be used in future publications as deemed appropriate

Amount Paid \_\_\_\_\_

One child \$25.00

Two children \$35.00

**Scholarships are available.**

Family maximum \$45.00

**For Office Use Only**

Siblings attending VBS:

Parent Volunteer:

Allergy Action Plan received:

Notes: