

# Camp Create Registration Form

Northminster Presbyterian Church VBS  
August 31, September 1-4, 2015 9:30 -11:30 a.m.  
7706 25<sup>th</sup> Ave. NW  
Seattle, WA 98117  
206.783.3402



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

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

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_



Home Church \_\_\_\_\_

Allergies/health conditions/medications/Other concerns of which adult supervision should be aware

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Policy/Medical Plan # (for emergency use) \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Dismissal Information

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_

I, the Parent/Legal Guardian of the above listed child, do hereby give permission for him/her to attend VBS. I do hereby release Northminster Presbyterian Church, its staff, and volunteers from any responsibility in case of accident, illness, or injury during his/her participation in Vacation Bible School. I understand that adult supervision is provided for this activity and I authorize them to seek treatment by an accredited hospital or physician if it is deemed necessary for my child in the event of any emergency and will assume any financial expense resulting.

Name \_\_\_\_\_

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

