

VBS 2025 Camper Registration

CHILD INFORMATION

Childs Name: _____ Birthday: ____ / ____ / ____

Home Address: _____

T-Shirt Size : _____

PARENT INFORMATION

Parent or Guardian #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

Parent or Guardian #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

EMERGENCY CONTACT NUMBERS

Contact #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

VBS 2025 Camper Registration

Contact #3

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #4

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

CHILD'S MEDICAL INFORMATION

Physician's Name: _____ Contact Number(s) _____

Address: _____

Preferred Hospital: _____ Address: _____

Preferred Dentist: _____ Address: _____

Medications, Disabilities, Allergies, or Medical Information for Emergency Situations:

HEALTH INSURANCE INFORMATION

Name of Insurance Company: _____

Insurance Plan: _____

Certificate Number (or ID) _____ Group Number: _____

Policyholder's Name: _____

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PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/guardian, I authorize All Saints' Staff and Volunteers to administer first aid to my child and to transport my child to a hospital if necessary. In the event that the charges are not covered by insurance, I will be responsible for them.

[If any changes occur], I agree to review and update this information.

Date: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____