

# VBS SUMMER SEAQUEST REGISTRATION FORM

1) Name \_\_\_\_\_ Age \_\_\_\_ Grade (completed) \_\_\_\_ DOB \_\_\_\_\_

2) Name \_\_\_\_\_ Age \_\_\_\_ Grade (completed) \_\_\_\_ DOB \_\_\_\_\_

3) Name \_\_\_\_\_ Age \_\_\_\_ Grade (completed) \_\_\_\_ DOB \_\_\_\_\_

4) Name \_\_\_\_\_ Age \_\_\_\_ Grade (completed) \_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Do you regularly attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Parent/Guradian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parent listed above) \_\_\_\_\_ Phone \_\_\_\_\_

Invited by \_\_\_\_\_

**\*\*\*\*\*MEDICAL RELEASE\*\*\*\*\***

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Known Conditions & Allergies	Additional Info
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of a medical emergency\*, I hereby give my permission to the physician selected by the SSQ Director(s) to secure proper treatment and/or hospitalization for my child(ren).

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

\*The SSQ Director(s) will make every attempt to reach the parent/guardian or the emergency contact listed.

For Office use

Name _____	Team Color _____	Squadron _____	Captain _____
Name _____	Team Color _____	Squadron _____	Captain _____
Name _____	Team Color _____	Squadron _____	Captain _____
Name _____	Team Color _____	Squadron _____	Captain _____