



Son Rock Kids Camp

Registration Form V.B.S. 2009



Child's Name: _____ Birth date: _____ Age: _____

Street Address: _____ City _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Parent(s) Name(s): _____

Parent(s) Work Phone(s): _____

In Case of Emergency, Contact: _____

*Allergies or any other medical conditions: _____

School grade just completed: _____ Name of home church if any: _____

Are you interested in the parent/child campout on Friday night after VBS? Yes No

*Do we have permission to use any photos that might be taken of your child on our website? Yes No

Statement of Medical Release: In the case of emergency, when it is not medically advisable to wait for me to be reached, I hereby authorize a representative of First Reformed Church to approve any necessary emergency medical procedure for my child.

Signed: _____ Date: _____

If registering electronically, please save form to your computer, fill out and email completed forms to office@frcoh.org
PLEASE RETURN COMPLETED FORM TO FIRST REFORMED CHURCH, 250 SW 3rd AVE, OAK HARBOR, WA 98277

FOR OFFICE USE ONLY:

Group Assigned: _____

