

REGISTRATION INFO

Child's Name:

Child's Age: _____ Gender: _____

T-shirt size _____ **(while supplies last)**

Mailing Address (Street/City/State/Zip):

Location (if different):

Email: _____

Parent Contact Information:

Mother/Guardian:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father/Guardian:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Pick Up Information: **Safety is a top priority; no child will be released from this event without a signature from one of the individuals listed.*

Do both parents have permission to pick up child daily at the end of program activities?

Yes____ No____

Is there anyone documented by a court order that your child **should not** be released to?

Yes____ No____ If so, who?

Who else has permission to pick up your child daily at the end of program activities?

Name: _____

Relationship: _____

Phone: _____

In addition to the names listed above, I give my permission to the VBS Soccer Camp Organizers/Volunteers to sign my child out of the program (in extenuating circumstances).

Emergency Contact Information:

List one local contact that can be reached in case of an emergency, in case parents are unable to be reached.

Name: _____

Relationship: _____

Phone: _____

Medical Information (kept private):

Health/Emotional Problems / Chronic or other:

Allergies (food, meds, bees, environmental / plants, etc.):

Medications / Reason:

Family Physician:

Phone #: _____

Health Insurance Company:

Permissions: Please check the boxes for which you give permission:

- I give permission to Church organizers to treat my child as medically necessary in the event that I cannot be reached.
- I give permission for surveys to be given to my child and my family for program evaluation purposes.
- I give permission for my child's photograph to be taken, understanding that some may be for publication purposes.

Signature of Parent/Guardian:

Date: _____

Please complete:
Medical Release and Power of Attorney
on the other side. Thank you.

Activity Permission, Release and Medical Power of Attorney

I, the lawful parent/guardian of (the child),

_____ give permission for my child to participate in the activity described on the reverse and Release from all liability and indemnity the United Church of South Royalton, Federated (d/b/a United Church of South Royalton), a.k.a. Red Door Church, and its directors, officers, council, agents, representatives, activity organizers, volunteers, and employees from any and all liability, claims, judgements, cost or expense, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or travelling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is physically fit and able to participate in the above named activity.

Furthermore, I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity, and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules and guidelines established by the Church.

In addition, I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney-in-fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical

emergency occurs during the activity, related to travel or while my child is in Church custody.

- a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
- b. I understand the Church will make reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

My child is to be excluded from the following activities:

(If left blank, no activities are excluded) I will notify the church of any change in the information presented and agree it is valid until revoked in writing by me. My signature acknowledges that I fully understand the content and meaning.

Signature of Parent/Guardian:

Date: _____

SUMMER SOCCER CAMP

Registration Form

July 7-11, 2019

Sunday-Thursday, 5:30 - 7:30 p.m.

Ages 5-12

DEADLINE: June 29, 2019



South Royalton-on the fields behind the school

Snack provided every day

United Church of South Royalton

a.k.a. Red Door Church

P.O. Box 116

South Royalton, VT 05068

802-763-7690

ucsr@myfairpoint.net

unitedchurchofsoro.org