



SonRock Kids Camp Registration

Name _____

Birthdate _____

Street address _____

City _____ State _____ Zip _____

Home phone (_____) _____

Cell phone (_____) _____

E-mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____



School grade just completed _____

Name of home church, if any _____

SonRock Kids Camp VBS Check-out List

Whitewater Baptist Church has a Child Protection Policy; a copy of this policy can be obtained from our staff. In an effort to maintain a safe environment for our children, we train all of our volunteers and staff who work with children.

*We also ask that parents/guardians/adults responsible for transporting the child participate in a sign in/sign out procedure at designated drop off and pick up areas. **The same person who signed in the child must be the person to sign out the child unless written permission is given to designated friends or family (see below).** This includes family members such as other parent, grandparents, etc. Please understand that there will be no exceptions to this rule.*

This small inconvenience is necessary to ensure the safety of all children entrusted to our care. We sincerely appreciate your cooperation in this matter. We look forward to another VBS week full of fun, games, laughter, and learning in the safest environment possible at Whitewater Baptist Church.

*Sincerely,
Sherri Martin
VBS Director*

My child/children, _____,

may be picked up from Vacation Bible School by

Parent/Guardian Signature _____

Date: _____

SonRock Kids Camp Vacation Bible School

Medical Release Form

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Whitewater Baptist Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in a approved emergency clinic or hospital. I further release from any liability Whitewater Baptist Church, an of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____

City _____

Emergency Phone: Home (_____) _____ Work (_____) _____

Cell Phone (_____) _____

If parent/legal guardian is not available in an emergency, contact

Name _____

Phone (_____) _____

Please list any allergies. Include medications, foods, etc.

Does your child have any medical or special needs, including medications currently being used?

No ____ Yes ____ If yes, please explain.

Doctor's Name _____ Phone (_____) _____

Dentist's Name _____ Phone (_____) _____

Date of last tetanus shot _____ Birth date _____

Photo/Video Release Form

I give permission for my children to be in photographs or videos taken during VBS by a Whitewater member or other authorized Whitewater affiliate. These pictures may be used in various Whitewater Baptist Church communications or publicity.

Signed _____ Date _____