



***Jubilee Community Church  
2011 Vacation Bible School  
SonSurf Beach Bash  
Registration Form***

Child's Name \_\_\_\_\_

Age (only if under 18) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent or Guardian Names: Street Address \_\_\_\_\_

\_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

ALL Other Pertinent Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prayer Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Page 2 – Jubilee Community Church VBS Emergency Medical Form**

**In the event of an accident or emergency, this information must be accessible. Please complete this Emergency Medical Form. There needs to be a separate set of forms for each child. Your child will not be registered without a completed registration and emergency medical form.**

In Case of an Emergency, Please Contact: \_\_\_\_\_

Child's Physician and Phone: Dentist's Name and Phone: \_\_\_\_\_

Preferred Hospital or Clinic: \_\_\_\_\_

Insurance Carrier: ID Number: \_\_\_\_\_

Allergies (foods, drugs, animals, other: be specific): \_\_\_\_\_

Medications Now Being Taken: \_\_\_\_\_

Additional information your child's instructor needs to be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_, or another parent or guardian at \_\_\_\_\_, If you have been unsuccessful, I hereby give my consent for the administration to give any treatment deemed necessary by preferred physician \_\_\_\_\_ at \_\_\_\_\_ (phone) or in the event the designated preferred practitioner is not available, by another licensed physician. I authorize transfer of my child to the preferred hospital, or any other care facility reasonably accessible.

Signature and Date \_\_\_\_\_