

Space Camp VBS Registration Form

August 1-5, 2022

Cadet's Name (Space for additional names on back): _____

Parent/Family/Guardian Name _____

Address _____

Email Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Date of Birth: _____ Age _____ Last School Grade Completed _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name of Person(s) authorized to pick up your child from VBS: _____

Cost: \$25 first Cadet, \$15 each additional You can pay online, or at the office. Make sure you mark it "2022 Space Camp"

Photo/Videography Release: South Shore United Methodist Church/VBS **DOES** **DOES NOT** have my permission to use photography/videography including my child publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. (select one option please)

Parent/Guardian's Signature: _____

(CONTINUED ON BACK)

Space Camp VBS Registration Form

Additional Cadet's Names Here:

2nd Cadet's Name _____

Date of Birth: _____ Age _____ Last School Grade Completed _____

3rd Cadet's Name _____

Date of Birth: _____ Age _____ Last School Grade Completed _____

4th Cadet's Name _____

Date of Birth: _____ Age _____ Last School Grade Completed _____

IF DIFFERENT THAN ON FIRST PAGE:

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts:

Name _____ Phone _____