

VBS REGISTRATION (Please Print)

Dive Team _____ (for registration team use only)

CHILD

Last _____

First _____

Age _____ Grade _____

PARENT(S)

Last _____

First _____

Address _____

City _____ State - ____ - _____ Zip _____

Home and Cell Phone _____

E-mail _____

Invited by (if applicable) How did you hear about this VBS? _____

Emergency Contact Name/Phone Number _____

Allergy/Special Information _____

Person(s) authorized to take child from premises _____

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