



## Vacation Ventures Registration

**June 14 - 18, 2010**

**9:00 am to 12:00 noon**

*(Please fill out one form per child.)*

**REGISTRATION DEADLINE IS APRIL 30th; SPACE IS LIMITED!**

### Child Information:

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Gender M/F Age/Grade Entering Fall 2010 \_\_\_\_\_

Children's T Shirt Size: XS 2/4 S 6/8 M 8/10 L 10/12

### Parent/Guardian Information:

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

### Parents/Grandparents are strongly encouraged to volunteer!

#### Volunteer Opportunities: (Please select three and rank in order of preference.)

\_\_\_\_ Set Up      \_\_\_\_ Clean Up      \_\_\_\_ Floater  
\_\_\_\_ Decorations      \_\_\_\_ Morning Registration  
\_\_\_\_ Crew Leader (Take children to activities)

Adult T Shirt Size: S / M / L /XL

### Other Information:

1. Health problems, allergies, and/or special needs for your child? \_\_\_\_\_  
\_\_\_\_\_

2. Other person(s) who is authorized to pick up your child \_\_\_\_\_

### In case of an emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

#### *Release for Emergency Room Treatment*

I hereby give my permission for \_\_\_\_\_ to attend Trinity Presbyterian Church's Vacation Ventures 2010. I will not hold the church responsible for any accident which may occur. Should my child need medical attention, I give my permission for my child to be treated by a competent doctor, if I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**There is no fee for Vacation Ventures.**

**Mail form to Trinity Presbyterian Church, 3003 Howell Mill Road, Atlanta, GA 30327.**

**Please contact Erin McGee at 404-237-6491 with any questions.**