

## Enroll Me in Club VBS Beach Blast!

Child/ Children's Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Last grade completed in school (*for children*) \_\_\_\_\_

Do you have a local church family? \_\_\_\_\_

If so, where? \_\_\_\_\_

Medical or other information we need to know:

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Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Snacks will be provided. If your child has a food allergy, please send an appropriate snack for your child each day.

The following adult names are for emergency contact and the persons allowed to picking up your child/ children.

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

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

Would you like to volunteer for the present and future VBS \_\_\_\_\_

Email \_\_\_\_\_

Photo Consent: We will be documenting our week thru photos and video. By signing this form, you consent to have these images used at the discretion of the chapel. Yes\_ or No\_\_

Signed: \_\_\_\_\_

*You can drop this off at the chapel or send via email to [scott.p.mason3@uscg.mil](mailto:scott.p.mason3@uscg.mil)*