



# SonRock Kids Camp Registration

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street address \_\_\_\_\_

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

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Parent(s) work phone(s) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

\_\_\_\_\_



School grade in the fall \_\_\_\_\_

Name of home church \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_