



REGISTRATION INFO

Please complete all—one form per child—and return the completed form to the address on front

Child's Name: _____

Birth Date: _____ Gender: _____

Mailing Address (Street/City/State/Zip):

Physical Address (if different from mailing)

Email address:

Parent Contact Information:

Mother/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Pick Up Information:

*Safety is a top priority; no child will be released from Vacation Bible School without a signature from one of the individuals below. List parents/guardians as appropriate and all individuals must be 16 years or older.

Do both parents have permission to pick up their child at the end of program activities?

Yes ___ No ___

Is there anyone documented by a court order that your child **should not** be released to?

Yes ___ No ___ If so, who?

Who else has permission to pick up your child at the end of program activities?

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

In addition to the names listed above, I give my permission to the Soccer Camp Organizers/Volunteers to sign my child out of the program (in extenuating circumstances).

Signature of Parent/Guardian:

Date: _____

Emergency Contact Information:

List two local contacts that can be reached in case of an emergency, if parents are unable to be reached.

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Medical Information:

Health/Emotional Problems/Chronic or other:

Allergies (food, meds, environmental - plants, bees, etc.)

Medications / Reason:

Family Physician:

Phone #:

Health Insurance Company:

Permissions: Please check the boxes for which you give permission:

- I give permission for surveys to be given to my child and my family for program evaluation purposes.
- I give permission to Church organizers to apply insect repellent and/or sunscreen as necessary.

Signature of Parent/Guardian:

Date: _____

****Please complete the Activity permission, Release and Medical Power of Attorney on the other side**

Activity Permission, Release and Medical Power of Attorney

I, the lawful parent/guardian of (the child),

give permission for my child to participate in the activity described on the reverse and Release from all liability and indemnity the Red Door Church of South Royalton, and its directors, officers, council, agents, representatives, activity organizers, volunteers, and employees from any and all liability, claims, judgements, cost or expense, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or travelling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is physically fit and able to participate in the above named activity.

Furthermore, I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity, and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules and guidelines established by the Church.

In addition, I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney-in-fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any

injury, illness or medical emergency occurs during the activity, related to travel or while my child is in Church custody.

- a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
- b. I understand the Church will make reasonable attempts to contact me as soon as possible in the event of a medical emergency involving my child.

My child is to be excluded from the following activities:

(If left blank, no activities are excluded)

I also agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotion, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, or other likenesses, in combination or alone.

I will notify the church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

Questions should be emailed to soccercamp@reddoorchurchofsoro.org

Or call us at 802-763-7690.

You can also register online at: reddoorchurchofsoro.org/soccercamp



Summer Soccer Camp Registration Form

Ages 5 to 12

July 12-16, 2026

5:30 p.m. to 7:30 p.m.

**White River Valley High
School's Soccer Fields**



Please mail forms to:

Red Door Church
P.O. Box 116
South Royalton VT 05068

Or drop them at the food shelf.

Deadline: July 10, 2026 at 5 p.m.