# SonRise National Park Registration Form

Name _____

Birth date _____

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 just completed _____

Name of church, if any _____

I hereby GRANT DO NOT GRANT (please circle one)

permission for_____ (name of church)

to use pictures of my child _____(name of child)

on their website for informational or promotional purposes.

_____(parent signature)

© 2012 Gospel Light. Permission granted to photocopy. SonRise National Park *Director's Planning Guide*