



2010 HERO HEADQUARTERS VBS
Crossroads Bible Church
REGISTRATION FORM

(Each child needs their own form./Cada niño necesita su propio formato.)

Child's name/Nombre de niño Currrent Age or grade /Edad o grado escolar

Parent or guardian name(s)/ Home phone # Cell or other #
 Nombre(s) de padre(s) o guardián Número de teléfono de casa y celular

Address/Dirección City/Ciudad Zip Code/Zona Postal

Emergency contact if parent cannot be reached Emergency contact phone #
 Contacto de emergencia Número de contacto de emergencia

ONE buddy I'd like to be with T-shirt size/Tamaño de camiseta
 Un(a) amigo(a) con quien me gustaría estar (Youth/Joven XS S M L XL or Adult(o) S M L)

List all allergies or medical conditions/Lista de alergías o condiciones médicas

*****Please turn over for medical release/Vea al reverso para permiso medical*****

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| Office use only Group _____ Paid _____ check # _____ Scholarship needed _____ awarded _____ amt. _____ t-shirt received _____ |
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