



## SONRise 2017 Registration

First Name:

Last Name:

Email:

Gender:

Age:

Birthdate (mm/dd/yy):

Cell Phone Number:

Home Phone Number:

RP Member

Home Church:

Friend

If friend, who invited you?:

Address:

Allergies (describe type(s) and symptoms):

Parent/Guardian Permission: Medical Aid Permit - "I give my permission for my son/daughter to attend the upcoming SONRise Party, March 31 to April 1, 2017. I realize that the students will be chaperoned, but will also be outside and/or off camp property. If I cannot be reached, I give my permission for medical treatment to be administered."

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Parent/Guardian Signature