

Registration Form

Please Print

Name: _____ Age: _____ Birthday: _____

Parent or Guardian: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Brought By: _____

Member? Non-member? What church? _____

Boy

Girl

Medical Release Form

As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This blanket permit will cover any and all outings and events my child will attend within TRUTH TRACKERS during the current club year. This release will be in effect starting the first club night in September and continue until the last club night of the year. My signature also serves to indicate willingness to take full medical insurance responsibilities for my son or daughter and to release Fellowship Baptist Church from this liability.

Signature of Parent or Guardian: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Specific medical allergies, chronic illness or other conditions
(Continue list on back, if necessary): _____

Please list those people authorized to pick up your child from TRUTH TRACKERS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Special needs or requests _____

We will be taking videos and pictures of activities throughout the club year. We will not be selling these, but we will use them for promotional purposes for our own program.

Date _____