

Truth Trackers/Tiny Trackers 2015-16 Registration Form

CHILD'S NAME: _____ HOME PHONE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS & ZIP: _____

E-MAIL: _____

AGE: _____ GENDER: _____ BIRTHDATE: _____ GRADE: _____

SCHOOL: _____ CHURCH: _____

OTHER BROTHER/SISTERS IN CLUB: _____

Sunday nights parents can be reached at: (phone): _____

Saturdays parents can be reached at: (phone): _____

Person to contact if parent cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Doctor's name: _____ Phone: _____

Medical Insurance: _____ Group # _____ ID # _____

Specific health conditions or *allergies*: _____

Medications: _____ Last tetanus shot: _____

I give permission for photos showing my child to be used in the end-of-year ceremony:

Yes _____ No _____

As parent or guardian, I hereby give permission for my child _____ to attend Truth Trackers/Tiny Trackers activities and outings of Desert Foothills Baptist Church, Tucson, Arizona. In the event of accident or injury, I will not hold Truth Trackers, Desert Foothills Baptist Church, or individual ministers or leaders responsible. I do herewith authorize treatment and transport by qualified medical personnel of the above minor in the event of a medical emergency which, in the opinion of the attending medical personnel, may endanger his or her life, or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me.

(Parent /Guardian signature)

(Relationship to child)

(Date)

Desert Foothills Baptist Church , Tucson, Arizona 08/15

Paid _____ Date _____