

# Truth Trackers/Tiny Trackers 2017-18 Registration Form

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Church: \_\_\_\_\_

Sunday nights parents can be reached at (phone): \_\_\_\_\_

Parent's phone number: \_\_\_\_\_

Person to contact if parent(s) can not be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Specific health conditions or *allergies*: \_\_\_\_\_

Medications: \_\_\_\_\_

*I (we) give permission for photos of my child to be used in the end-of-year ceremony*

Yes \_\_\_\_\_ No \_\_\_\_\_

As parent(s) or guardian(s), I (we) hereby give permission for my child (named above) to attend Truth Tracker's/Tiny Tracker's 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 named minor in the event of a medical emergency which, in the opinion of the attending medical personnel, may endanger his/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 \_\_\_\_\_