



Kid's Club Registration Form

Name: _____ Age: _____ Birthday: _____
Parent or Guardian: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Brought By: _____
Member? _____ Non-member? _____ If not, what church? _____

- | | |
|--|--|
| <input type="checkbox"/> dues included | <input type="checkbox"/> Registration included |
| <input type="checkbox"/> money for book(s) | <input type="checkbox"/> Medical form included |

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 2_ _ -2_ _ club year. This release will be in effect starting _____ and continue until _____. My signature also serves to indicate willingness to take full medical insurance responsibilities for my son or daughter and to release _____ Church from this liability.

Signature of Parent or Guardian: _____
Address: _____ Phone: _____
Family Physician: _____ Phone: _____
Specific medical allergies, chronic illness or other conditions: _____

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

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____