



**REGISTRATION FORM
2017-18**

For Office Use Only:

Handbook Ordered/Paid __\$11

Uniform Ordered/Paid _____

Uniform Sizes:

Cubbie 8-10 \$11

Sparks 10-12-14-16 \$12

T & T Adventure

Youth Sm - Youth Med \$16

Adult Sm - Adult Med \$16

T & T Challenge

Youth Sm - Youth Med \$16

Adult Sm - Adult Med \$16

Dues for 1 Year Paid _____

Child's Name _____ Current Grade _____

Child's age _____ Date of birth _____

Name of parent(s) _____

Street Address _____

City _____ State _____ Zip _____

Home telephone () _____

Parent/caregiver's cell phone () _____

Home e-mail address _____

Home church _____

Allergies or other medical conditions _____

In case of emergency, contact _____

Phone _____

Relationship to child _____

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital _____ / _____

Signature

Date

Video/Photo Release: My child may appear in videos/photos for church use _____

Please print and complete this form and return to church.