

# Truth78 Registration 2021

Fill out one per child



## CHILD INFORMATION:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Birthday \_\_\_\_\_  Cubbies (3-4 years & potty trained)  Warriors (K-6<sup>th</sup> grade)

Shirt Size: CS CM CL YXS YS YM YL YXL

## PARENT / GUARDIAN INFORMATION:

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Church (if you attend) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Transported By:  Parents  Other (List Details Below)

Name:	Phone #:	Relationship to child:
_____	_____	_____
_____	_____	_____

## MEDICAL RELEASE & INFORMATION:

In the event of an emergency where medical treatment is required, I give permission to Grace Baptist Church staff or sponsor to obtain the services of a licensed physician.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Allergies & Medical Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE:** (\$30 per child) Paid & submitted with form

## IMAGE PERMISSION:

I grant permission for my child to be photographed for church use.

I do NOT grant permission for my child to be photographed for church use.



## **PARENT VOLUNTEER:**

I would like to volunteer to help... *(check all that apply):*

- once per month
- twice per month
- every week
- during special events
- provide food for leader meetings
- provide food for parent meetings

If you are sending your forms by mail, send to:

Grace Baptist Church  
220 Buhne Street  
Eureka, CA 95501