

2023 - 2024 Registration Form



TODAY'S DATE: ____/____/____

CHILD 1:

Name _____ Birthday ____/____/____

Age _____ ☐ Cubbies (3-4 years & potty trained) ☐ Warriors (K-5th) ☐ Warriors+ (6th + up)

Allergies _____

Shirt Size: ☐ Child ☐ Youth ☐ Adult ☐ XS ☐ S ☐ M ☐ L ☐ XL

CHILD 2:

Name _____ Birthday ____/____/____

Age _____ ☐ Cubbies (3-4 years & potty trained) ☐ Warriors (K-5th) ☐ Warriors+ (6th + up)

Allergies _____

Shirt Size: ☐ Child ☐ Youth ☐ Adult ☐ XS ☐ S ☐ M ☐ L ☐ XL

CHILD 3:

Name _____ Birthday ____/____/____

Age _____ ☐ Cubbies (3-4 years & potty trained) ☐ Warriors (K-5th) ☐ Warriors+ (6th + up)

Allergies _____

Shirt Size: ☐ Child ☐ Youth ☐ Adult ☐ XS ☐ S ☐ M ☐ L ☐ XL

CHILD 4:

Name _____ Birthday ____/____/____

Age _____ ☐ Cubbies (3-4 years & potty trained) ☐ Warriors (K-5th) ☐ Warriors+ (6th + up)

Allergies _____

Shirt Size: ☐ Child ☐ Youth ☐ Adult ☐ XS ☐ S ☐ M ☐ L ☐ XL



PARENT / GUARDIAN INFORMATION:

Name _____ Phone # _____

Name _____ Phone # _____

Email _____ Church (if you attend) _____

Mailing Address _____

Other adults (besides the parents) approved to sign your child out:

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 _____

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.

If you are sending your forms by mail, send to: Grace Baptist Church, 220 Buhne St, Eureka, CA 95501