

Registration Form

NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

DATE OF BIRTH _____ GRADE _____

EMERGENCY PHONE NUMBER _____

In the event of an accident or injury, I will assume full responsibility for my child, _____
_____, thereby releasing _____

(Name of Church or Organization)

of any obligation or responsibility.

(Parent's Signature)

(Date)

This form is only for your suggested use. If you are concerned about liability, contact your attorney for further help and specific information about your club and the state in which it will be in operation.