

GIRLS OF GRACE

Girls Grades 1st – 6th

Child's Name: _____ Birthdate: _____ Age: _____

Address: _____

Email: _____ Phone: _____

Father/Legal Guardian: _____ Mother/Legal Guardian: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

Grade in the fall of 2011 _____

Need a T-Shirt? (Circle): YS YM YL AS AM AL AXL

Parents' location during club _____

Phone Number where parent can be reached during club: _____

Brought & Picked up by: _____

PLEASE NOTE: This form does not guarantee placement in Girls of Grace. Placement is dependent upon adequate leader to child ratio.

Name of Church you regularly attend _____

Alternate Contact/Relationship: _____ Phone: () _____

Authorization for treatment: I hereby give permission to the medical personnel selected by GBC to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by GBC to secure and administer treatment, including hospitalization, ambulance transport and paramedics for the person named above. I hereby agree to fully pay all cost of medical or dental care incurred by GBC or their agent for the child under this authorization. Pictures may be taken during the event for church use. This form, when completed, may be photocopied.

Special Instructions: _____
(Asthma, allergies, physical limitations, custody concerns, food allergies, etc.)

Parent/Legal Guardian Signature _____ Date: _____

Please Do Not Write In This Box

Registration Date _____

Registration Amount \$30

T-Shirts \$5

Total Amount Paid

Cash _____ Check # _____



Balance Remaining

\$ 30.00 _____

\$ _____

\$ _____

\$ _____