

ALL-STARS FOR JESUS REGISTRATION FORM

Name: _____

Address: _____

Home Phone: _____ Grade : _____

Date of Birth: _____ Sex: M_____ F_____

Church Affiliation: _____

Member of: _____ Honeybees (ages 2/3) _____ Cubbybears (ages 4/5)
_____ All-Stars (1st & 2nd grade) _____ All-Stars (3rd & 4th grades) _____ All-Stars (5th grade)

Mother: _____

Address: _____

Telephone No. _____ E-mail _____

Father: _____

Address: _____

Telephone No. _____ E-mail _____

Guardian (or Emergency Contact): _____

Address: _____

Telephone No. _____ E-mail _____

Health Insurance Policy Carrier _____

Policy # _____ Group # (if applicable) _____

Telephone No. _____

General Permission Form signed: _____ Yes _____ No

TRAVIS OAKS BAPTIST CHURCH
GENERAL PERMISSION TO PARTICIPATE
**EMERGENCY TREATMENT AUTHORIZATION/
RELEASE FROM LIABILITY**

I _____ (name of parent or guardian) give permission to my son/daughter, _____ (participant's name) to participate in any and all youth programs and activities by Travis Oaks Baptist Church.

Should emergency medical treatment ever be necessary, I authorize the adult youth sponsors to act on my behalf and secure appropriate treatment for my child in the event that I cannot be reached.

Further, I do hereby release Travis Oaks Baptist Church, its officers, and all adult sponsors from any and all liability and claims in the event of any accident en-route, during, or returning from any trip or activity.

The above permissions and authorizations shall remain in force until I rescind them by giving written notice to Travis Oaks Baptist Church.

Signature: _____ Date: _____

Address: _____ Phone: _____

Name of Child's Doctor: _____ Phone: _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information: _____

