Truth Trackers Registration Form			
lame:			
Addres	ss:		
City:	State:	:	Zip:
hone	Numbers:	Emerg	gency Number
In case	e of emergency, we need to be able	to rea	ach parents immediately)
Birth D	ate:		
Grade i	in School:		
arent'	's/Guardian's Name:		
	nt to Truth Trackers by:		
	ergies or medical concerns:		
criptu aith F	er child- Tiny Trackers (ages 3-5) lire spies (grades 1-3) \$ 10.00 _ orce (grades 4-6) \$ 10.00 _ irt purchased) \$ 10.00		<del></del>
erms a	and Conditions		
r F	understand that my child/children may pheld during Game Time. As with any phys accept this risk and hold harmless from a any persons involved in the Truth Tracker	ical activ	ivity, there is a risk of injury. I fully I liability, Elm Grove Baptist Church
c c v f	In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Truth Tracker volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.		
k a	I grant permission for a photo of my child to appear in an unpublished club directory to be used by Truth Trackers Leaders only. I also give permission for photo(s) of my child appear among other general club photos as long as there is no identifying information shown.		
•	grant permission for my child to travel to/from Truth Trackers events with an adult eader. Any such event will be clearly communicated with me beforehand.		
I hav	ve read and agree to the Terms and Cond	itions st	tated above
	ature of Parent/Guardian		 Date