## **Truth Trackers/Tiny Trackers 2024 – 2025 Registration Form**

Child's Name:		Home Phone: _	
Father's Name:		Mother's Name	2:
Address & Zip:			
			Grade:
School:		<del></del>	
Sunday evening parents can	be reached at (phor	ne):	
Parent's cell phone (if differ	ent from above):		
Person(s) to contact if parer	t(s) cannot be reach	ned:	
lame: Phone number:			
Relationship to child:			
Doctor's name:		Phone number:	
Medical Insurance:		Group and ID #	·
Specific health conditions O	R ALLERGIES:		
Medications child is current	y taking:		
I (we) give permission for phand/or in slides shows at DF			BC website, social media site(s),
In the event of an accident of individual ministers or leade qualified medical personnel the opinion of the attending	s activities and outing or injury, I will not ho rs responsible. I do of the above named medical personnel, ue discomfort if dela	gs of Desert Foothills Ba old Truth Trackers, Dese also herewith authorize I minor in the event of a may endanger his/her I	eptist Church, Tucson, Arizona. rt Foothills Baptist Church, or rtreatment and transport by medical emergency which, in
Parent/Guardian Signature:			Date:
Relationship to child:			
Desert Foothills Baptist Chu	rch		
Paid			Date: