



Team Kid REGISTRATION

Household Last Name: _____
 Parent/Guardian First Name: _____ Relationship: _____ Phone: _____
 Parent/Guardian First Name: _____ Relationship: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

We regularly send emails to update the parents on what is going on in Team Kid so please be sure to check this at least once a week.

Primary E-Mail: _____
 Can we text you when we have weather related cancellations or send you reminders about Team Kid Fun Nights?
 Yes _____ No _____ If yes, preferred number to text: _____
 Home Church: _____

Emergency Contact Name: _____
OTHER THAN PARENT/GUARDIAN Phone Number: _____

1. Child's Name: _____
FIRST LAST GOES BY
 Gender: M F D.O.B _____ Age: _____ Grade: _____

2. Child's Name: _____
FIRST LAST GOES BY
 Gender: M F D.O.B _____ Age: _____ Grade: _____

3. Child's Name: _____
FIRST LAST GOES BY
 Gender: M F D.O.B _____ Age: _____ Grade: _____

4. Child's Name: _____
FIRST LAST GOES BY
 Gender: M F D.O.B _____ Age: _____ Grade: _____

FOR Team Kid OFFICE USE ONLY:
 CASH _____ CHECK _____
 SCHOLARSHIP FORM _____

Team Kid Registration
Registration Fee: \$20.00
(Includes book.)

If you would like to purchase a Team Kid t-shirt there will be an additional \$10 fee.

T-shirts are optional.

**** Note to parents / guardians of Cubbies (3 & 4 year olds): for your child's benefit, we ask that you stay on campus during club nights. ****

- I understand that my child(ren) may be involved in physical activity as those in Game time. As with any activity, there is a risk of injury. I fully accept this risk and do not hold First Baptist Church or any persons involved in the Team Kid ministry legally responsible.
- In the event that an emergency requires medical treatment for the above named child(ren), I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission for First Baptist Church volunteers to secure the services of emergency medical help necessary for my child(ren)'s well being. I assume all responsibility for the costs of any accident and any treatment.
- I give permission for my child(ren) to be photographed and used in Team Kid social media.

I have read and agreed to the terms and conditions listed above

Parent/Guardian Signature _____ Date _____