



Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Age: _____ **Birth Date:** _____

Grade: _____ **School:** _____

.....

Do you regularly attend here at ABT? _____ If not, do you have a regular church where you attend? _____ If so, where? _____ If you do not have a regular church where you attend, would you like us to send you some information about what ABT has to offer you and your family as a local church? _____

.....

Are there any physical or dietary restrictions we should know about?

Emergency Contact: _____ *Emergency Contact:* _____

Phone: _____ *Phone:* _____

Photo Release

I hereby give those in relationship with *Sleepover Sisters* permission to take photographs of child's name _____, or photographs in which the minor may be involved with others, for the purpose of promoting *Sleepover Sisters*.

I hereby release and discharge those in relationship with *Sleepover Sisters*, and the Akron Baptist Temple from any and all claims arising out of use of the photos, or any rights that I or the minor may have.

I, _____ parent/guardian name _____ am of full age, and am legally able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents, and by my signature, declare that I am in agreement.

Signature: _____ Date: _____

.....

CLUB USE ONLY:

Department _____ **Team** _____