

# Master Club Registration Form

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Who may pick up child: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Brought by: \_\_\_\_\_ Van Driver: \_\_\_\_\_

Need to know info: \_\_\_\_\_

By signing below I give this church permission to photograph my child for Master Clubs purposes. I understand these photos may be used for various activities, events, recognition, promotional material and church history records.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Club Use Only:

Membership Earned: \_\_\_/\_\_\_/\_\_\_

Uniform Purchased: \_\_\_/\_\_\_/\_\_\_

Book Purchased: \_\_\_/\_\_\_/\_\_\_

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