

**Rock Springs Baptist Church  
Wednesday Night Youth Registration Form**

**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Ok to text? Yes or No**

**Email Address:** \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_

**Emergency Contact #1 Phone Number:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_

**Emergency Contact #2 Phone Number:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Individuals allowed to pick up child (under 18):**  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies or other relevant medical information:**  
\_\_\_\_\_  
\_\_\_\_\_