

Briarlake Baptist Church
Recreation Ministry Registration Form
3715 LaVista Road, Decatur Georgia 30033 (404) 325-4214

Registration # _____

Other _____

Participant's Name _____
Street Address _____
City/State/Zip _____ Male Female Age _____ Grade _____

Mother's Contact Information

Father's Contact Information

Name _____ Name _____
Number: _____ Number: _____
Email _____ Email _____

Briarlake church member Member of another church _____ No church affiliation

How often do you attend church? 0-6 times/year 7-26 times/year 27-52 times/year

Do you have children playing in another league? K-1st Grade 2nd-3rd Grade 4th-5th Grade

Is your child available for 4:00 pm practice? Yes No

Comments / Conflicts / Special Needs: _____

Activity (check one) Basketball Baseball Soccer Summer Camp(s) (list) : _____

Parent's Signature _____ **Date** _____

INTERNAL USE ONLY

Paid Check #: _____ Check Amt \$: _____ (actual amount on check) Cash Amt \$: _____
 Waiver (must be submitted at time of registration) Received by (initials): _____

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