

# Guys Night Out!

## 2009-10 GUYS' NIGHT OUT REGISTRATION FORM



### FAMILY INFORMATION

**Cost:** \$25 per boy for the entire year!

Parents/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Ross Road Community Church

\_\_\_\_\_ None, Other (please specify) \_\_\_\_\_

### FIRST CHILD

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Age: \_\_\_\_\_

Any medical concerns: \_\_\_\_\_

Medical Plan # \_\_\_\_\_

### SECOND CHILD

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Age: \_\_\_\_\_

Any medical concerns: \_\_\_\_\_

Medical Plan # \_\_\_\_\_

### THIRD CHILD

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Age: \_\_\_\_\_

Any medical concerns: \_\_\_\_\_

Medical Plan # \_\_\_\_\_

### CONSENT FORM

I hereby give permission for my son(s), \_\_\_\_\_  
to participate in the RRCC Guys' Night Out program and their special events and  
outings during the club year.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

OFFICE USE: Registration Paid \_\_\_\_\_ \$