



Jail Bakers Support Group Registration

(Please Print)

Participant Name: _____ **DOB:** _____ Male Female

Participant resides with (if under 18): both parents Mother Father other

IF other, explain: _____

Parent/Guardian: _____ **Relationship to participant:** _____

Address: _____

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

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____ email changed from last year: Yes No

Parent/Guardian: _____ **Relationship to participant:** _____

Address: _____

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

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____ email changed from last year: Yes No

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

The Jail Bakers Support Group, assumes no responsibility resulting or liability resulting from injuries by its members while participating in any activity sponsored by the Jail Bakers Support Group.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____