



Broadway Baptist Church
2019-20 AWANA Registration

AWANA Clubber Information

Name: _____ Male/Female (Please circle one)

Date of Birth: _____ Grade Entering: _____ Age as of Sept. 1st: _____

Please list any allergies, learning or physical disabilities, or any other information we should be aware of for your child: _____

Has your child participated in AWANA before? (Please circle one) Yes / No

FAMILY INFORMATION

Parent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Dad's Cell: _____ Mom's Cell: _____

Email: _____

Home Church: _____

EMERGENCY CONTACTS *(Someone we can contact in an emergency if we cannot reach parent.)*

1. Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

PICKUP AUTHORIZATION (*Who is allowed to pick up your child other than parents?*)

1. Name: _____
2. Name: _____
3. Name: _____

MEDICAL RELEASE

I give permission for my Clubber(s) to participate in the AWANA program at Broadway Baptist Church. I understand that this activity will be closely supervised. However, should there be an emergency situation, I give my written consent to supervisors to make decisions concerning the medical treatment of my Clubber. I understand that I will be notified immediately in case of an emergency, and I agree not to hold Broadway Baptist Church or the AWANA program liable in any way.

Family Physician & Phone #: _____

Insurance Company: _____ Policy Number: _____

Signed: _____ **Date:** _____

MEDIA RELEASE

I understand at this event or related activities, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, and organizers. When the identification of a child is made only the first name of the child may be used along with the name of the church.

Signed: _____ **Date:** _____