

FIRST BAPTIST CHURCH AWANA ENROLLMENT FORM

Club Year:	
Family Name:	
Email Address:	

PARENT/GUARDIAN INFORMATION

Parents Names

Mother/Guardian:		Phone #	
Father/Guardian:		Phone #	
Emergency Contact:		Phone #	

Child's/Children's Address:

Street Address:		City:		Postal Code:	
Who Normally Transports your child/children to club:		Phone #			

Child's Name	Birth Date YY/MM/DD	School Grade	Health Card #	Medical Concerns/ Allergies	Medication Carried By Child	Awana Club C/S/T/T

MEDICAL RELEASE STATEMENT

I, _____, give permission for an authorized leader of First Baptist Church Awana Club to accompany my child/children listed on this form to a medical facility for treatment resulting from illness or injury at a regular Awana function or special event. Further, I also provide my consent for my child/children to participate in periodic special events on and off site. I hereby release First Baptist Church and Awana Clubs International and their directors, leaders, volunteers, employees or representatives from any and all liabilities or claims for personal injury, illness or death which may be incurred by my child/children while participating in the above named program and its activities.

Signature of Parent/Guardian: _____

Date: _____

Signature of Witness: _____

Date: _____

MEDIA RELEASE

I, _____, give permission for authorized Awana Leaders or Parents to photograph my child/children during Awana activities. These photos will only be used for the purpose of First Baptist Church Awana Club, e.g. End of year slide show or promotion of Awana program.

Signature of Parent/Guardian: _____

Date: _____

Registration Fee Paid: _____