

# REGISTRATION FORM



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## Consent to Participate

I hereby give permission for my child(ren) to participate in First Baptist Johnson City (FBJC) programs, events and/or activities (September 1, 2019 – August 31, 2020).

## Media Release

I understand that my child(ren) may be photographed while participating in FBJC programs, events and/or activities and I agree to allow my child(ren)'s photo, video, or film likeness to be used for any legitimate purpose by FBJC volunteers, workers, ministry or pastoral staff.

## **PLEASE PRINT**

CHILD: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

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CHILD: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

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FATHER: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER: \_\_\_\_\_ CELL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**(You Must Be Able To Be Reached During Club: 6:30-8:15 PM)**

**IMPORTANT REQUIREMENTS ON REVERSE: PLEASE TURN OVER AND COMPLETE.**

**Release of Liability**

I acknowledge that participation in any FBJC programs, events and/or activities by this (these) child(ren) may involve the risk of property damage and/or personal injury, illness, disease or death. The risks are inherent in any indoor or outdoor programs, events and/or activities whether directly or indirectly involved in the activity. By signing this registration form, I assume all risks (i.e. injuries or damage that may occur as a result of walking, running, falling, playing, eating food or drink, receiving medical attention and any other risk whether known or unknown) for this (these) child(ren)'s participation and accept personal financial responsibility for any possible loss. I further release FBJC, its volunteers, workers, deacons, members, ministry and/or pastoral staff from any legal claims the child(ren), parent, legal guardian or anyone else may have as a result of participating in any FBJC programs, events and/or activities.

**Consent to Medical Treatment**

I hereby give consent that my child(ren) may receive reasonable medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any FBJC programs, events and/or activities.

**(Please specify which child has the conditions listed below)**

ALLERGIES: \_\_\_\_\_ ***PLEASE ASK FOR AN ALLERGY STICKER***

MEDICAL CONDITIONS: \_\_\_\_\_

BEHAVIORAL OR OTHER CONCERNS: \_\_\_\_\_

**Authority to Sign; MUST BE SIGNED BY LEGAL GUARDIAN**

I represent that I am the parent or legal guardian of the above named child(ren) and have the full authority to register this (these) child(ren) to participate in any FBJC events and/or activities. I acknowledge that I have carefully read and understand this document. In signing this document I take full responsibility and legal liability for this (these) child(ren) while at FBJC.

\_\_\_\_\_  
**Parent or Legal Guardian Signature: *Relationship***

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Emergency Contact: Name & Phone Number**