

Awana Registration Form

Faith Baptist Church

(circle one)

Cubbies 3-4 years

Sparks K-2nd grade

T&T 3-6th grade

Clubber Name: _____

Age: _____ Grade: _____ Birthdate: _____

Address: _____

Best phone number to contact parent/guardian on Thursday night in case of emergency: _____

Best phone number to contact clubber/parents during the week: _____

E-mail (weather cancellations): _____

Parent/Guardian Name: _____

Brought by (if different than parent/guardian – clubbers need written permission from parent/guardian to be picked up by someone other than parent/guardian): _____

Insurance carrier: _____

Subscriber name and birthdate: _____

Policy number: _____

Child's primary care physician: _____

Child's Allergies: _____

Permission to participate in AWANA activities at Faith Baptist Church

I, _____ give permission for my child, _____ to participate in activities at the AWANA program at Faith Baptist Church for this school year. I understand that precautions will be taken to make activities as safe as possible. However, in the event of an emergency, I do allow my child to be given emergency treatment and agree to hold Faith Baptist Church and the workers in the AWANA program harmless of any liability.

Consent to put my child's AWANA photos on Facebook, the church website, or other church media: _____yes _____no

Parent/Guardian Signature: _____

Date: _____