Awana Registration Form 2011-2012

CLUBBER INFORMATION

Clubber's Name _____

Male ___ Female ___ Birth Date/Age _____ / ____ Grade _____

Address _____

City, State, Zip _____ Telephone _____

Father's Name _____ Mother's Name _____

Church Now Attending _____

Allergies, Illnesses, Other Conditions: _____

_____

CLUB ENROLLMENT

Cubbies (3-5 year olds) _____ Sparks (K-2nd grade) _____ T&T Club (3rd-6th grade) _____

EMERGENCY INFORMATION

Persons to contact in case of an emergency if parents cannot be reached:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Physician's Name _____ Telephone _____

Medical Ins. Co. _____

Special Instructions _____

EMERGENCY AUATHORIZATION

I herewith authorize the leaders of AWANA to act on my behalf when I cannot be contacted, INCASE OF AN EMERGENCY, resulting in the need of medical attention for my child/ward named above. I also agree to take full responsibility for any costs connected with such treatment and hereby releases the Brown Street Baptist Church of Madison County from any liability therefore. My signature also serves to indicate my willingness for my insurance company to be billed for any an all medical fees and services should they be needed.

Parent/Guardian Signature _____ Date _____

TRAVEL AUATHORIZATION

As parents and/or guardian, I grant permission for my child/ward to travel to and from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand. An additional Awana Parental Consent Form will be required for the Awana Games/Sparks-s-Rama.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

(__ I do / __ I do not) give my permission for my child's picture to be used in the media of Brown Street Baptist Church understanding that no personal information will accompany pictures. This includes, but is not limited to, church displays, flyers, brochures, and the church website: brownstreetbaptist.org.

Parent/Guardian Signature _____ Date _____