FAITH BIBLE CHURCH

AWANA—Fall 2011 Registration

- Please Print -

Registration Type: ☐ **New Registration** ☐ **Returning Registration**

Clubber Information:

Child's Name (First, MI, Last): _____ Club: ☐ Cubbies ☐ Sparks

Nickname: _____ ☐ T&T 3/4 Grade

Birth Date: _____/_____/_____ ☐ T&T 5/6 Grade

Age/Grade: _____ Gender: ☐ Male ☐ Female

Parent/Guardian Information:

Name(s)
(First, MI, Last): _____ Home Phone: (_____)_____-_____

Address: _____ Cell Phone 1: (_____)_____-_____

City: _____ State: _____ Zip:_____ Cell Phone 2: (_____)_____-_____

Email: _____

Family Church: _____ Email/Other: _____

Emergency Contact: (Non-Immediate Family Member)

Name
(First, MI, Last): _____ Phone Number: (_____)_____-_____

Relationship: _____

Doctor: _____ Phone Number: (_____)_____-_____

Allergies/Meds/
Special Needs _____

Volunteer Information:

I am interested in helping: ☐ Weekly ☐ Every other week ☐ Special Events Club Preferred: _____

Note: All AWANA Club leaders and listeners must submit to a background check before working with the children

Medical & Photo Release

1) I understand that my child may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Faith Bible Church and any persons involved with the AWANA Club ministry
2) In the event of an emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by AWANA. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

I have read and agree to the Terms and Conditions stated above:

X _____ _____

Signature of Parent/Guardian **Date**

FBC AWANA Use

Amt Due _____
Rec'd by _____
Check / Cash
Check #_____ _____
Date Paid _____ _____
Amt Paid _____ _____

Entered into DB
By _____
Date _____