AWANA Registration 2025-2026

Hilltop Baptist Church, 6915 Palmer Park Blvd, Colorado Springs, CO 80915

Parents, please complete this form for your disciple and bring it or send it with your disciple. We are always looking for parents who would like to volunteer. For more information, contact the church office (719) 597-1880 or melluscarney@hotmail.com, phone number 7195684249.

Child's Name:	Birth Date:	Age:	Grade:
Medical Information (allergies to foods of taken regularly, etc.:)	or medicines, physical limitatio	ns or conditions, r	
Doctor's name (and phone if known):			
Parents/Guardian:			
Email:			
Home Phone:	Cell Phone:		
Address:	City:	Zip:	
Person authorized to pick up children: _		Phone:	
By submitting this registration form, I are Baptist Church of Colorado Springs AWA am promising to spend a few minutes of and to review and discuss the verses and Medical Consent	ANA Clubs' photos and videos on most days to assist in my ch	. By submitting thalid's memorization	nis registration,
It is understood that this authorization hospital care that may be required in care direction of any licensed physician, E emergency. This authority is granted affiny phone number(s) listed above. The with such treatment and hereby release leadership from any liability, therefore.	ase of emergency. I do herewing the series of emergency. I do herewing the medical terms are assumed the responder signed assumes the responder of the respondent	ith authorize treat staff in the ever en made to reach ponsibility for any	ment under the nt of a medica me by phone a costs connected
Signature of Parent/Legal Guardian:		Date:	