**AWANA Clubber Registration First Baptist Church**

2022-2023 Club Year  **- PLEASE PRINT -** 202 E. Ford, Cameron

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| --- | --- | --- | --- | --- | --- |
| Child’s First & Last Name | Birthdate | Grade | Gender | ***For Office Use*** *– Does the clubber need a book?* | ***For Office Use*** *– Does the clubber need a uniform?* |
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**Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** (other than parent/guardian): Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons (other than parent/guardian) authorized to pick-up the children**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any medical or special needs related to any of the children above, please use the space below to provide details as might be necessary (include food allergies):

Please share your church status (check one): \_\_\_\_ Member of F.B.C.; \_\_\_\_ Member of Another Church;

 \_\_\_\_ Not Attending a Church; \_\_\_\_ Currently Looking for a Church Home

As a parent/guardian, would you be interested in helping in Awana clubs at F.B.C.? If so, please indicate below. (Note: All Awana workers must submit to a background check before working with the children.)

I am interested in helping: \_\_\_\_ Weekly \_\_\_\_ Every Other Week \_\_\_\_ For Special Events

Terms & Conditions:

1. I understand that my child/children 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, First Baptist Church Cameron and any persons involved in the Awana ministry.
2. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. If I/we cannot be reached, I give 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 photo(s) to be taken of my child that may appear among other general club photos as long as there is no identifying information shown.
4. I grant permission for my child to travel to/from Awana club events with an adult leader. Any such event will be clearly communicated with me beforehand.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature of parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)