



# Awana Clubs<sup>®</sup>

## 2018-2019

### REGISTRATION FORM

PLEASE CIRCLE YOUR CHILD'S CURRENT GRADE LEVEL			
 <b>2 years old</b> <i>(must be 2 before Sept. 1)</i>		 <b>3 years old 4 years old</b> <i>(must be 3 before Sept. 1)</i>	
 <b>5K 1st Grade 2nd Grade</b>		 <b>3rd Grade 4th Grade</b>	
		<b>5th Grade 6th Grade</b>	

Child's Name \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother \_\_\_\_\_

School Grade \_\_\_\_\_

Father \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**MEDICAL CONCERNS, SPECIAL NEEDS OR FOOD ALLERGIES** \_\_\_\_\_

**EMERGENCY CONTACT** (if parents cannot be reached)

Name & Phone \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Where will you (parent) be during Awana? \_\_\_\_\_

**REGISTRATION COST** \$25 per child per family and \$20 for additional children.

**SHIRT SIZE**  2T  3T  4T  5T  6T  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

**MEDICAL/PHOTO RELEASE**

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the minor(s) registered above in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The undersigned assumes the responsibility for any cost connected with such treatment, and I understand that the activities at this event can pose risks to personal health and safety. I hereby agree to release Southside Baptist Church and its staff and volunteers from liability in the event of injury.

The undersigned also gives permission for Southside Baptist Church to use any photographic or video likeness of their child for ministry related media productions or brochures publicizing Southside Baptist Church's Awana Clubs.

A copy of this authorization can be used as the original.

**Medical Insurance Name & ID** \_\_\_\_\_

This form is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

**Parent/Guardian Signature** \_\_\_\_\_

*Administrative Use Only* Fee Paid: Date \_\_\_\_\_ Amt \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ // ACS Data Entry \_\_\_\_\_