







Awana Clubs® 2021-2022 REGISTRATION FORM

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

Child's Name _____

PARENTS/GUARDIANS

Birthdate: ____/____/____ Gender: M F

Name _____ Relation _____

2021/2022 School Grade Level _____

Email _____ Ph# ____ - ____ - ____

Address _____

Name _____ Relation _____

City, State, Zip _____

Email _____ Ph# ____ - ____ - ____

MEDICAL CONCERNS, SPECIAL NEEDS OR FOOD ALLERGIES _____

EMERGENCY CONTACT (if parents cannot be reached)

Full Name _____ Phone Number _____

What church do you attend? _____

Where will you (parent/legal guardian) 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/Legal Guardian's Signature _____

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