







Awana Clubs® 2022-2023 REGISTRATION FORM

SELECT CHILD'S CURRENT GRADE LEVEL	
 <input type="radio"/> 2 years old <i>(must be 2 before Sept. 1)</i>	 <input type="radio"/> 3 years old <input type="radio"/> 4 years old <i>(must be 3 before Sept. 1)</i>
 <input type="radio"/> 5K <input type="radio"/> 1 st Grd <input type="radio"/> 2 nd Grd	 <input type="radio"/> 3 rd Grd <input type="radio"/> 4 th Grd <input type="radio"/> 5 th Grd

Child's Name _____	PARENTS/GUARDIANS
Birthdate: ____/____/____ Gender: <input type="radio"/> M <input type="radio"/> F	Name _____ Relation _____
2022/2023 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 to cover cost of materials for the club year such as book, uniform, badges, awards, etc.

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 _____