

**Awana Clubber Registration**

**FSB Awana Club**

**Club Year: 2019-2020**

**- Please Print -**

2401 S. Ohio  
Salina, KS 67401

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send text messages, please provide your Cell Phone Carrier's Name here: \_\_\_\_\_ (e.g. AT&T, Verizon, etc.)

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>	<u>Text?</u>
Name(s): _____	Cell Phone: _____	_____	<input type="checkbox"/>
Address: _____	E-Mail: _____	_____	
City: _____ State: _____ Zip: _____	Home Phone: _____	_____	<input type="checkbox"/>
Home Church: _____	Work Phone: _____	_____	<input type="checkbox"/>
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____	<input type="checkbox"/>
_____	Emergency*: _____	_____	<input type="checkbox"/>

\* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am interested in helping: \_\_\_ Weekly \_\_\_ Every other week \_\_\_ Monthly \_\_\_ For Special Events  
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

**Terms and 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 Southern Baptist Church and any persons involved in the Awana Club 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. However, if I/we cannot be reached, I give my 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 a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to 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 stated above

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent/Guardian

**Office Use**

Fees:

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