Awana Clubber Registration Club Year: 2021-2022



For safety purposes we must receive a new form for each family every club year.

Parent/Guardian Information: *Children should only be registered by parent/legal gu			Contact Information:				
Cilluren should only	be registered by pare	inty legal guar uia					
Name(s): Address: City: Zip:		Cel					
		Cel					
		Em	Email*:				
Home Church:			*We prefer to use email for most club communications so				
Child(ren) Informati	<u>on</u> : (List each child or	n a separate lir	e)				
First Name	Last Name		Birth Date		Gender	Grade (2021/2022)	
			/	_/			
			/_	_/			
			/	/			
				/			
	20 per child with a family i			/	are included i	n these annual dues	
	pove has allergies or					n maar aacs.	
		•	•				
Name:							
Who may pick up your o	child(ren) other than you	ı/your spouse? _					
Emergency contact		Relationship to children					
Home phone		Cell Phone					
	MEDICAL 8	PHOTOGRAPH	RELEASE				

1. I, _______, being the parent or legal guardian to the above listed child(ren), hereby give my consent to the authorized parties of First Baptist Church Collinsville for emergency, medical, and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts will first be made to contact me (time and conditions permitting). As long as the medical or surgical treatments considered necessary in the situations are in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment.

2. I GRANT //DO NOT GRANT _____ permission for photo(s) of my child(ren) to appear, among other general club photos as long as there is no identifying information, on the First Baptist Church Collinsville website or Facebook page.