

CALVARY BAPTIST CHURCH: AWANA REGISTRATION 2011/2012

Please Print Clearly:

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Sex: _____

School Attending: _____ Grade: _____

Have you attended Awana before? _____ If so, what club _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Church Home: _____

Please list known allergies: _____

EMERGENCY CONTACT INFORMATION:

Father or Legal Guardian's Name:

Cell Phone Number: _____

Mother or Legal Guardian's Name:

Cell Phone Number: _____

PLEASE CONTACT THIS PERSON IF PARENTS/GUARDIANS CANNOT BE CONTACTED:

Name: _____ Relation to child: _____

Home Phone: _____ Cell Phone: _____

PLEASE LIST ANY OTHER ADULTS WHO ARE AUTHORIZED TO PICK YOUR CHILD UP:

AUTHORIZATION FOR MEDICAL TREATMENT:

I _____ (parent's name) hereby authorize AWANA leaders to administer first aid and to obtain and consent to on my behalf any emergency first aid or medical care by any physician or hospital for my child, _____ (child's name). I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. I will also hold harmless and release from all liabilities Calvary Baptist Church, its staff members, Awana workers, and Awana International from any injuries and/or illness occurring to my child during any Awana activity.

Signature of Parent or Guardian: _____ **Date:** _____

I/We the undersigned hereby consent to the use of my/our child's photograph/video image/digital image in any website, brochure, publication, or video produced by Calvary Baptist Church and/or its Awana program. I/We understand that this is on a voluntary basis and I/We will not be compensated for the use of my/our image.

Signature of Parent or Guardian: _____ **Date:** _____