

Awana Clubber Registration

Bible Baptist AWANA Club

4001 W. Kirby

Champaign, IL 61822

Club Year: 2020/2021

-Please Print-

<u>Parent/Guardian</u>	<u>Number/E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	E-mail: _____	_____
Persons (other than parents) authorized to pick up children:	Other: _____	_____
_____	Emergency: _____	_____

*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>Last Book Completed</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	_____	_____	_____	Yes/No	Yes/No

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

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, Bible 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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) Parents or authorized persons are to pick up all children and sign them out prior to leaving the club. Children will NOT be allowed to leave on their own.

Office Use Fees:

Dues	_____	_____
Book	_____	_____
Uniform	_____	_____
_____	_____	_____
Total Due	_____	
Amt Paid	_____	

I have read and agree to the Terms and Conditions stated above

X _____
Signature of Parent/Guardian Date