

Central Baptist Church  
 Awana Registration Form  
 2017-2018



*Please circle the grade your child is in this year....one form per child.*

 2 yr olds Must be 2 before 9/1/17	 3 & 4 yr olds Must be 3 before 9/1/17	 5K 1 <sup>st</sup> 2nd	 3 <sup>rd</sup> 4 <sup>th</sup> 5th
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Child's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical concerns, special needs or food allergies. \_\_\_\_\_

Emergency Contact (only used if parents can't be reached)

Name & Phone \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Where will you (parent) be during Awana? \_\_\_\_\_

**What does your child need this year?**

Shirt size – 2T, 3T, 4T, 5T, 6T, YS, YM, YL, AS, AM, AL

- \_\_\_\_\_ \$10 Shirt (Puggles)
- \_\_\_\_\_ \$10 Vest (Cubbies/ Sparks)
- \_\_\_\_\_ \$10 T&T Shirt
- \_\_\_\_\_ \$30 Registration Fee/Materials

\$ \_\_\_\_\_ Total Cost

Payment Options: (\$5 discount after 1st child)

One-time payment of \_\_\_\_\_

Two payments of \_\_\_\_\_, \_\_\_\_\_

Four payments of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Checks Payable to CENTRAL BAPTIST CHURCH

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, 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 Central Baptist Church, and its staff and volunteers from liability in the event of injury.

\*The undersigned also gives permission for Central Baptist Church to use any photographic or video likeness of their child for ministry related media productions or brochures publicizing CBC'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/Guardian Signature \_\_\_\_\_