

Central Baptist Church
 Awana Registration Form
 2018-2019



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 st 2nd	 3 rd 4 th 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 _____