

AWANA at Calvary Baptist Church Preregistration Form 2018-2019

Parent/Guardian Info:

Parent(s)/Guardian(s)	Primary Ph #	Alternate #
Address	Email	
City	State	Zip
Home Church		
Person(s) other than parents authorized to pick up children		Emergency Contact/Ph #

I am interested in helping:	Weekly <input type="checkbox"/>	Every other week <input type="checkbox"/>
	Monthly <input type="checkbox"/>	For special events <input type="checkbox"/>
NOTE: All AWANA leaders and helpers will submit to background check.		

Clubbers Info:

Name	Birthdate	Age & Grade (as of 9/2018)	Medical condition/allergies/meds
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Platte AWANA Program Permission, Release, and Authorization Consent to Medical Treatment of a Minor

1. This authorization applies to the above-named child/children, who is/are under 18
2. I hereby give permission for the above-named child/children to participate in physical activities, events, and functions sponsored by or conducted under the supervision of the AWANA program. I hereby release, acquit, and forever hold blameless for myself, my heirs, and my executors, the AWANA program at Calvary Baptist Church, its staff members and workers from any and all responsibility, liability, or claims for accidental injury involving the above-named child/children.
3. By my signature hereto, I authorize the staff members of Calvary Baptist Church and any sponsor or chaperone entrusted with the supervision of and responsibility for the above-named child/children to consent to medical treatment for the same in the event that I, or my emergency contact listed, cannot be contacted.
4. This permission, release, and authorization shall be effective through June 1, 2019 unless revoked in writing.
5. I have authority to give the permission, release, and authorization to consent to medical treatment of the above-named child in that I am the child(s)/children(s) mother, father, or legal guardian.

*Our Facebook page will have clubbers photos on it occasionally. We will not be tagging photos with any of the children's names. Please indicate if we may or may not use their photos.

Calvary Baptist may use my child's/children's photos: Yes/No

Signature of parent/legal guardian	Printed name of signature
Relationship to child/children	Date