



AWANA REGISTRATION FORM

First Baptist Church of Senoia

41 Johnson Street

Senoia, GA 30276

770-599-3012

For children ages 3 - 6th grade (by Sept. 1st of the current year)

Name(s) _____ Date(s) of Birth: _____ Grade(s) _____

Address: _____

Home Phone #: _____

Home Email Address: _____

Please list Parent/Guardian's Name(s), Cell Phone Number(s), & Email Address(es) on the lines below:

Please tell us how you heard about AWANA: _____

Emergency Contact Information:

Name: _____

Relationship to Child: _____

Address: _____

Home Phone # : _____

Cell #: _____

Allergy Information:

Food Allergies/Diet Concerns: _____

Medical Allergies/Conditions: _____

Other Allergies: _____

Names of those who are allowed to pick up your child: _____

Are you a church member? Yes or No If yes, where? _____

Photographs:

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church websites, brochures, and newsletters. Children's names or information are never used without specific permission. Please indicate below if you are allowing First Baptist Church of Senoia to use photographs of your child as stated above.

_____ YES, photographs of my child may be used.

_____ NO, DO NOT use any photographs of my child.

For Secretary Use Only:

Date of first visit: _____

Friend of: _____

AWANA Medical/Liability Release

To Whom It May Concern:

As a parent and/or guardian, I do hereby authorize the treatment by qualified and licensed medical doctor(s) of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

In case of minor, this authority is granted only after a reasonable effort has been made to reach the parent and/or guardian.

Name of Participant(s): _____

This release will be effective on the date(s) starting _____ and continuing until _____ . My signature also serves to indicate my willingness for my insurance company, _____, Policy number _____ to be billed for any and all medical fees and services should they be needed, and to release Awana Clubs International, its employees, and its charters from this liability.

Signature of Parent and/or Guardian: _____

Date: _____

Address: _____

City: _____ State: _____

Phone Number: _____

List any specific medical allergies, chronic illnesses, physical, emotional, or behavioral concerns or limitations that our staff should be aware of:

Is your child bringing any special medications to club meetings? If so, please list name of child, medication, and dosage.

Contact person in case of emergency: _____

Contact person's phone number: _____

This Medical/Liability Release will be carried by the Coordinator, Commander, or other responsible adult.