



# First Baptist Church Fredericksburg AWANA Club Registration

(One registration per child)

Please complete registration and sign the Medical Release and Permission Slip on reverse.

## CLUBBER INFORMATION

Clubber's Name: \_\_\_\_\_  Male

Date of birth \_\_\_\_\_  Female

Age by September 1, 2022 \_\_\_\_\_ Grade of the child in 2022/2023 school year \_\_\_\_\_

Address: \_\_\_\_\_  
*Number, Street, Apt#*

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Club Enrollment

*Please check one:*

- |   |   |
|---|---|
| _____ Cubbies (3- 5 yrs. old by Sept. 1, 2022<br>fully potty trained) | _____ T&T 1 (3 <sup>rd</sup> -4 <sup>th</sup> grade)  |
| _____ Sparks (Kinder-2 <sup>nd</sup> grade)                           | _____ T&T 2 (5 <sup>th</sup> - 6 <sup>th</sup> grade) |

## PARENT INFORMATION

Parent's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

AWANA Volunteer? Yes  No  FBC Fredericksburg Attendee? Yes  No

Church currently attending: \_\_\_\_\_

Who may pick up the child from AWANA? \_\_\_\_\_

## PARENT PARTICIPATION

If you are interested in helping in AWANA activities, please let us know the best way to contact you.

\_\_\_\_\_ \$45 reg. fee (1)



## First Baptist Church Fredericksburg AWANA Club Permission Form

As the parent or guardian of the below named child, I am giving him/her permission to participate in AWANA Clubs at First Baptist Church Fredericksburg and events associated therein. By signing, also herewith authorize treatment under the direction of any licensed physician of the following minor(s) 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 by phone at the number(s) listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where child attends AWANA Club, AWANA Clubs International, the AWANA Missionary, the chaperones, and volunteers in the event from any liability.

Child's name: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please be sure to fill in ALL information below

Physician name: \_\_\_\_\_ phone number: \_\_\_\_\_

List any and all specific medical allergies, chronic illnesses, or other conditions we may need to know:

\_\_\_\_\_ Immunizations are current? \_\_\_\_\_

Specific food allergies:

\_\_\_\_\_

### Please attempt to contact the following person if the parent/guardian is not available.

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone: \_\_\_\_\_