



Grace Baptist Church 2023 – 2024 CLUBBER Form

Family Last Name _____

#1 Child's Name: _____ **Date of Birth:** _____ Girl ____ Boy ____

School Grade: _____ School Name: _____ Special Needs _____

#2 Child's Name: _____ **Date of Birth:** _____ Girl ____ Boy ____

School Grade: _____ School Name: _____ Special Needs _____

#3 Child's Name: _____ **Date of Birth:** _____ Girl ____ Boy ____

School Grade: _____ School Name: _____ Special Needs _____

#4 Child's Name: _____ **Date of Birth:** _____ Girl ____ Boy ____

School Grade: _____ School Name: _____ Special Needs _____

Father /Guardian: _____ Mother/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number _____ Home ____ Cell ____

E-mail: _____

Do you attend Grace Baptist Church YES NO If no, church you attend: _____

Has your child participated in AWANA previously? YES NO

Emergency Contact Name (during AWANA) _____

Emergency Contact Phone: _____

Allergies and anything else we need to know about your children: _____



*****Important Notice: Your child may be photographed or videotaped during AWANA activities on Sunday nights and these photos/videos could be used in promotional materials for the church or on the church website/social media.**

Terms and Conditions, please initial next to each number:

_____ 1. I understand that my child may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Grace Baptist Church and any persons involved in the AWANA ministry.

_____ 2. In the event of any emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of 911/emergency medical personnel in the event of an emergency. I assume responsibility for all costs associated with any accident or treatment of my child.

_____ 3. I understand that my child may be photographed or videotaped during this ministry and these photos/videos may be used in future promotional materials or on church web site/social media. **If NO, PLEASE CIRCLE HERE NO**

I have read and agree to the terms and conditions stated above.

Parent/Guardian

Date