

## AWANA Clubber Information 2025/2026

Awana Club Name \_\_\_\_\_

Name \_\_\_\_\_ Grade in currently \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Checked Regularly? \_\_\_\_\_ Sign up for Texting alerts? \_\_\_\_\_

Parent's or Guardians name \_\_\_\_\_

Church you attend \_\_\_\_\_

Who brought you to Awana \_\_\_\_\_

Salvation Date \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact while you are at Awana \_\_\_\_\_

\_\_\_\_\_

Last Awana Book completed \_\_\_\_\_

The award you are working towards this year \_\_\_\_\_

Awana Club at  
First Baptist Church of Perrysburg  
590 W. S. Boundary  
Perrysburg, Ohio 43551  
(419) 874-3546

Turn over →

## Awana Club Activity Permit

I give my permission for my above-named child (ren) to participate in AWANA activities for the 2025/2026 school year. While expecting the Awana staff to look after the safety of my child (ren), I hereby release them and First Baptist Church from Liability for any injury or illness that my child (ren) may sustain during club meeting and/or additional Awana-sponsored activities.

I authorize the adult staff of the Awana clubs to obtain whatever emergency medical attention might be necessary for the above-named child (ren) in the event I cannot be reached.

I understand if an authorized person or I come to pick up my child (ren) and a staff member is concerned with the safety of my child (ren) due to intoxication or impairment of the driver, an Awana staff member has permission to find a safe alternative way home for the child (ren) and adult.

Please list any medication being taken, allergies or other special medical concerns	
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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than Parent)

### Photo/Video Permission form

By Signing below, the parent/guardian gives permission for First Baptist Church of Perrysburg to use my or my child's photograph or videotape publically. I understand that the images may be used in print publications, websites, and social media. No child will be identified by name. If you don't want pictures please check here: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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