



BATTLEFIELD BAPTIST CHURCH PUGGLES REGISTRATION AWANA Club Year 2017-2018

Name of Clubber: _____

Age: _____ Birthday: _____ MALE or FEMALE {circle one}

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ (Required)

Has your child ever been a part of an AWANA Club in the past? YES or NO {circle one}

If so, where? _____

Does your family regularly attend church? YES or NO {circle one}

If so, where? _____



CHILDREN – AGES 2 and 3

Registration Fee: **FREE**

Puggles T-Shirt (optional): \$10 (2T 3T 4T 5T 6T)

TOTAL \$ _____

PLEASE READ NEW “PRESCHOOLER SAFETY POLICY” CAREFULLY:

Because of the size and nature of the Awana Ministry here at Battlefield Baptist Church, we require a **PARENT or LEGAL GUARDIAN** to **REMAIN ON CAMPUS** for the duration of each club night for **ALL PRESCHOOL AGE CHILDREN**. This policy is for the safety and security of your children in case of an emergency. Agreement to adhere to this policy is **REQUIRED** to register your child for the Awana Ministry at Battlefield Baptist Church in Warrenton, VA.

I, _____, agree to adhere to the Preschooler Safety Policy.
(Signature of legal parent/guardian)

I, _____, give permission for my child _____, to participate in all activities associated with the AWANA Bible Club at Battlefield Baptist Church during the 2017-2018 school year. I waive all claims against Battlefield Baptist Church and/or leadership, including club directors and club volunteers, of any injuries that may be sustained by our said minor child and agree to indemnify and hold the church and workers free and blameless from any liability, costs and damages therefore. I hereby consent to and grant the leadership of Battlefield Baptist Church full rights and authority to act for me in any manner pertaining to the care and control of the said minor child named above during the AWANA Club Year (2017-2018). Additionally, I grant Battlefield Baptist Church leaders my consent to obtain medical assistance that may be required for this said minor child during this club year (2017-2018) as deemed necessary. I agree to accept complete financial responsibility for the costs related to this emergency medical treatment.

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

Medical Insurance Company: _____

Medical Insurance Identification #: _____

List allergies, if any: _____

List medications, if any: _____

Date of last tetanus shot: _____

Does this child have any special problems, conditions or restrictions? Yes____ No____

If yes, please explain:

Please list any special instructions:

