



## BATTLEFIELD BAPTIST CHURCH SPARKS REGISTRATION AWANA Club Year 2018-2019

Name of Clubber: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ MALE or FEMALE {circle one} Grade: \_\_\_\_\_

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? \_\_\_\_\_



### GRADES – K thru 2nd

Registration Fee: \$20

Sparks Vest: \$12 { SM – 6 MED – 8 LRG – 10 XL – 12 XXL – 14 XXXL – 16 }

Handbook \$12 {Select One: Book #1 \_\_\_\_\_ Book #2 \_\_\_\_\_ Book #3 \_\_\_\_\_}

Sparks Bag \$7 {Optional}

TOTAL \$ \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_, to participate in all activities associated with the AWANA Bible Club at Battlefield Baptist Church during the 2018-2019 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 (2018-2019). 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 (2018-2019) 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_