

FBC Corinth AWANA Program Clubber Registration 2018-2019

Please Print Clearly!



Mother: _____ Cell Phone: _____

Father: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Do you have a Home Church? Yes No Name of your Home Church: _____

Clubber's Name: _____ Date of Birth: _____ Clubber's Age as of 09/01/2018: _____

Grade (Fall 2018): _____ Gender: Male Female Shirt Size _____ Allergies and/or medical conditions that we should be aware of: _____

Clubber's Name: _____ Date of Birth: _____ Clubber's Age as of 09/01/2018: _____

Grade (Fall 2018): _____ Gender: Male Female Shirt Size _____ Allergies and/or medical conditions that we should be aware of: _____

Clubber's Name: _____ Date of Birth: _____ Clubber's Age as of 09/01/2018: _____

Grade (Fall 2018): _____ Gender: Male Female Shirt Size _____ Allergies and/or medical conditions that we should be aware of: _____

Clubber's Name: _____ Date of Birth: _____ Clubber's Age as of 09/01/2018: _____

Grade (Fall 2018): _____ Gender: Male Female Shirt Size _____ Allergies and/or medical conditions that we should be aware of: _____

EMERGENCY CONTACT INFORMATION:

In Case we cannot reach Mom or Dad

Contact/Relationship: _____ Cell Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

I _____ (parent's name) hereby authorize FBCC AWANA leaders to administer first aid and to obtain and consent to on my behalf any emergency first aid or medical care by any physician or hospital for my child(ren), _____ (child(ren)'s name). I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

Signature of Parent or Guardian: _____ Date: _____

AWANA Program Fees:	Annual Clubber Registration Fee:	\$ 35
	Club Fee/Yearly Dues (per family):	\$ 15
	Total Fees Due at Registration:	\$ 50 Please make check payable to: FBCC

AWANA Use Only

Fees Paid: Registration Dues Donation Sponsorship Total Paid: _____ Cash Check # _____ Date: _____

FBCB AWANA

Photo/Video Release Form

I hereby give permission for video, photo, and digital camera images of my child taken during AWANA at First Baptist Church Corinth to be used solely for AWANA and FBCC promotional purposes, including a DVD which may be shown during our annual AWANA Awards Program.

Name of Participant _____
(Please Print)

Name of Parent/Guardian _____
(Please Print)

Parent/Guardian Signature _____
Date _____