

# 2018-2019 AWANA Registration Form - Heritage Baptist Waxahachie

Parent(s) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State/Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Home Church \_\_\_\_\_

| Register                 | Clubber's Name              | Birthdate | Gender | Grade | Club  |
|--------------------------|-----------------------------|-----------|--------|-------|-------|
| <input type="checkbox"/> | _____                       | _____     | _____  | _____ | _____ |
|                          | Allergies/Other Needs _____ |           |        |       |       |
| <input type="checkbox"/> | _____                       | _____     | _____  | _____ | _____ |
|                          | Allergies/Other Needs _____ |           |        |       |       |
| <input type="checkbox"/> | _____                       | _____     | _____  | _____ | _____ |
|                          | Allergies/Other Needs _____ |           |        |       |       |
| <input type="checkbox"/> | _____                       | _____     | _____  | _____ | _____ |
|                          | Allergies/Other Needs _____ |           |        |       |       |
| <input type="checkbox"/> | _____                       | _____     | _____  | _____ | _____ |
|                          | Allergies/Other Needs _____ |           |        |       |       |

Person (other than parents) authorized to pick up children \_\_\_\_\_  
 \_\_\_\_\_

**Terms and Conditions**

1. I understand that my child/children 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 the risk and hold harmless from any legal liability, Heritage Baptist Church and any persons involved in the AWANA Club ministry.
2. In the event of an emergency that requires medical treatment for the above named child/children, 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 a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for a photo of my child to appear in an unpublished club directory to be used by AWANA leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

I have read and agree to the Terms and Conditions stated above

X \_\_\_\_\_ Date \_\_\_\_\_

|                 |
|-----------------|
| Office Use Only |
|-----------------|