



Registration & Medical Release Form

Welcome to First Baptist's Awana program. We are glad to have your family involved in the club. The purpose of this club is to reach boys and girls with the gospel of Christ and to train them to serve Him. Awana club nights consist of five parts: Opening, Game Time, Handbook Time, Large Group Time and Closing Time.

Awana will meet on Mondays: Registration will be from 5:45 – 6:00 pm. Club starts at 6:00 pm and ends at 7:30 pm. Parents/guardians are welcome to stay for the Monday Night worship service in the Fellowship Hall. We would welcome any who are interested in the Awana club to stay and help us for the evening.

Please fill out the information on the front and back of this letter and return it to the check-in table or to the church office. Dues are \$16 per child for the school year. Registration may be paid in full at the beginning of the school year or brought in the form of \$.50 weekly. Dues and registration fees help us pay for handbooks, book bags, CD's supplies and awards. Each club member is required to wear a uniform. You may purchase your own uniform through First Baptist Church, find a used uniform from a sibling or another Awana club family. First Baptist Church can offer financial assistance.

A. Family Information

Parent/Guardian: _____

Mailing Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Church Home: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact's Relation to Child: _____

Child's Name: _____ DOB: _____ Age: _____ Grade: _____ M/F _____

Child's Name: _____ DOB: _____ Age: _____ Grade: _____ M/F _____

Child's Name: _____ DOB: _____ Age: _____ Grade: _____ M/F _____

Child's Name: _____ DOB: _____ Age: _____ Grade: _____ M/F _____



B. Registration Dues & Fees

PLEASE CIRCLE FOR EACH CHILD: Uniform (if needed); Dues IF being paid in full now, and registration fee.

Child's Name	Age or Grade	Cubbies Vest for 3-4 Yrs	Sparks Vest for K-2 nd	T&T Shirt for 3 rd - 6 th	Annual Dues	Annual Registration	Total Due Per Child
		11	11	16	16	6	
		11	11	16	16	6	
		11	11	16	16	6	
		11	11	16	16	6	

PLEASE NOTE: Scholarships are available for those who have financial need.

Family Total Due: _____

Date Paid: _____

Cash or Check #: _____

C. Medical Release

Insurance Carrier: _____

Policy Number: _____

Please list any medical conditions or medications that the AWANA volunteers should be aware of:

I hereby release First Baptist Church and the above-mentioned Awana Club and/or Awana Club volunteers from liability in case of injury or illness to the above named child(ren). The above named child(ren) have my permission to participate in the activities in the above named Awana Club program. In the event that I/we cannot be reached in the event of an emergency, I give my permission for necessary medical care, to secure proper treatment and to order injections, anesthesia or surgery for the above named child(ren). I understand that all billing for services not billed to my insurance carrier will be billed to me as the parent/guardian.

Signature of Parent/Guardian: _____ Date: _____