



# Mexia Baptist Church 2020-2021 Registration Form

Clubber's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_/\_\_/\_\_\_\_ Grade: \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell phone number \_\_\_\_\_ Email: \_\_\_\_\_

**Bible:**  Has a Bible  Needs a Bible **Uniform:**  Has a uniform  Needs a uniform (See below for sizing)

*Note: We recommend ordering larger sizes as uniforms are usually smaller than comparable clothing and can be worn for more than one year.*

Puggles (2 to 3 year olds) 2T 3T 4T 5T 6T

Cubbies (4 to 5 year olds) Small (4) Medium (5) Large (6) XLarge (8) XXXLarge (10)

Sparks (K to 2nd grade) Large (10) XLarge (12) XXXLarge (14) XXXLarge (16)

T&T (Grades 3-6) Size 10 Size 12 Size14 Size 16 Adult small Adult medium Adult large

<b>Parent's Section</b>	
Father's Name: _____	Cell Phone: _____
Mother's Name: _____	Cell Phone: _____
Email (father): _____	Email (Mother): _____
If you are interested in helping: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Game time <input type="checkbox"/> Handbook time	
Who is authorized to pick up your child? _____	
_____	

## Liability Release and Emergency Medical Treatment Agreement

My son/daughter, (print name) \_\_\_\_\_, has my permission to attend AWANA at Mexia Baptist Church on Wednesdays from 5:45-7:00pm. I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER THROUGH PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Mexia Baptist Church, its staff and leaders, for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorney's and consultant's fee and disbursements, which arise out of joining the AWANA Club at Mexia Baptist Church.

I further state that I have carefully read the forgoing release and know the contents thereof. I am signing this release as an act of my own free will. This is a legally binding agreement which I have read and understand.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Any allergy, food allergies, medications, or special conditions for your child?:** \_\_\_\_\_

\_\_\_\_\_