

Paid: ☐ Yes ☐ No

# FIRST BAPTIST CHURCH OF ST CHARLES AWANA REGISTRATION FORM



☐ **Puggles** (age 2\*)    ☐ **Cubbies** (ages 3 & 4\*)    ☐ **Sparks** (Grades K-2)    ☐ **T&T** (Grades 3-6)

*\*Age by August 1; parent must be in building during Club*

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Birthday:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone :** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Cell Phone(s):** \_\_\_\_\_

**Alt. Emergency Contact & Phone:** \_\_\_\_\_

**Church Attending:** \_\_\_\_\_

**Allergies/Health Conditions:** \_\_\_\_\_

**Clubbers must be picked up at the end of club by an adult.**

**Person(s) responsible/allowed for pick up:** \_\_\_\_\_

**\*\$10 Annual Registration Fee—due at registration, payable online or to Awana secretary**

## Terms and Conditions:

- 1) I understand that my child **may participate in physical activities** such as those held during Game Time. As with any physical activity, there is risk of injury. I **fully accept this risk and hold harmless from any legal liability**, First Baptist Church of St. Charles 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, I understand every effort will be made to contact me. However, if I 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**-including tests, X-rays, treatment, hospitalization, ambulance transport. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) \_\_\_\_\_ **I DO grant permission for photos or videos** including my child to appear among club photos at First Baptist Church of St. Charles (understanding child's name will not be used).  
\_\_\_\_\_ **I DO NOT grant permission for photos or videos** including my child to appear among club photos at First Baptist Church of St. Charles (understanding child's name will not be used).

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

**X** \_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**