Paid: □Yes □No

## FIRST BAPTIST CHURCH OF ST CHARLES AWANA REGISTRATION FORM



Ch	ild's Name:		Age	e:	Birthday:	
	dress:		_		·	
	ail:					
Par	rent's Name(s):					
Cel	I Phone(s):					
Alt.	. Emergency Contact & Phone: _					
Ch	urch Attending:					
Alle	ergies/Health Conditions:					
Clu	bbers must be picked up at the	e end of club by an adult.				
Per	son(s) responsible/allowed for pick	up:				
*\$	10 Annual Registration Fe	ee—due at registration	n, payable o	online	e or to Awana secre	tary
Te	rms and Conditions:					
Te		cipate in physical activities s accept this risk and hold har	such as those hel	d during	Game Time. As with any ph	ysical
Te	rms and Conditions:  I understand that my child may partiactivity, there is risk of injury. I fully a	cipate in physical activities s accept this risk and hold har ne Awana Club ministry. requires medical treatment for t nnot be reached, I give my pe o provide the care necessary	such as those helemiless from any the above named rmission to the for my child's w	d during <b>/ legal l</b> child, I <b>Awana</b> <b>well bei</b>	Game Time. As with any phiability, First Baptist Church understand every effort will by volunteers to secure the ng-including tests, X-rays, trees.	ysical of St. ee
<b>Te</b>	I understand that my child may partiactivity, there is risk of injury. I fully a Charles and any persons involved in the In the event of an emergency that made to contact me. However, if I caservices of a licensed physician to ment, hospitalization, ambulance transchild.  I DO grant permission for particular and contact me.	cipate in physical activities of accept this risk and hold har ne Awana Club ministry.  requires medical treatment for the not be reached, I give my perprovide the care necessary sport. I assume responsibility for	such as those helemiless from any the above named rmission to the for my child's war all costs connected to appear a	d during v legal l child, I Awana well bei cted to a	Game Time. As with any phiability, First Baptist Church understand every effort will be volunteers to secure the ng-including tests, X-rays, transy accident or treatment of r	ysical of St. ee eat- ny
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<b>Te</b> 1) 2)	I understand that my child may partiactivity, there is risk of injury. I fully a Charles and any persons involved in the In the event of an emergency that made to contact me. However, if I caservices of a licensed physician to ment, hospitalization, ambulance transchild.  I DO grant permission for pof St. Charles (understangular contact).	icipate in physical activities saccept this risk and hold har ne Awana Club ministry.  requires medical treatment for the note be reached, I give my perprovide the care necessary sport. I assume responsibility for photos or videos including mynding child's name will not be us a for photos or videos including the necessary of the photos of the pho	such as those held mless from any the above named rmission to the for my child's war all costs connect child to appear a ed). g my child to app ot be used).	d during r legal l child, I Awana well bei cted to a	Game Time. As with any phiability, First Baptist Church understand every effort will be volunteers to secure theing-including tests, X-rays, trany accident or treatment of rub photos at First Baptist Church in the control of the co	ysical of St. ee eat- ny urch