

AWANA Registration Form

Parent/Legal Guardian Information				
Name of Guardian:			Relationship to child:	
Address:		Email:		
City:		State:	Zip:	
Home Phone:		Mobile Phone:		
Do you attend a church? ☐ Yes ☐ No		Do you attend Dalzell Baptist? ☐ Yes ☐ No		Name of Church (other than DBC):
Emergency Contact (other than parent)				
Emergency Contact 1:		Phone:		Relationship to child:
Emergency Contact 2:		Phone:		Relationship to child:
Clubber Information				
Name of Child #1:		Gender: ☐ Male ☐ Female		Club: _____ Cubbies (3 yr - 4K) _____ Sparks (5K - 2 nd) _____ T&T (3 rd – 6 th) _____ Youth (7 th – 12 th)
Age:	Grade:	Birthday:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Name of Child #2:		Gender: ☐ Male ☐ Female		Club: _____ Cubbies (3 yr - 4K) _____ Sparks (5K - 2 nd) _____ T&T (3 rd – 6 th) _____ Journey (7 th – 12 th)
Age:	Grade:	Birthday:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Name of Child #3:		Gender: ☐ Male ☐ Female		Club: _____ Cubbies (3 yr - 4K) _____ Sparks (5K - 2 nd) _____ T&T (3 rd – 6 th) _____ Youth (7 th – 12 th)
Age:	Grade:	Birthday:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Name of Child #4:		Gender: ☐ Male ☐ Female		Club: _____ Cubbies (3 yr - 4K) _____ Sparks (5K - 2 nd) _____ T&T (3 rd – 6 th) _____ Youth (7 th – 12 th)
Age:	Grade:	Birthday:		
Allergies (state none if none) or Special Information (Medications, activity restrictions):				
Terms and Conditions				
1.) I consent to and approve my child/children's taking part in any and all activities conducted by DALZELL BAPTIST CHURCH ("CHURCH") AWANA Clubs. 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 this risk and consent to the treatment of any minor injuries of my child/children, and release, hold harmless and indemnify AWANA and the Church and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. 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. 2.) I understand that any off-property Awana excursions will be communicated with me beforehand and I will be required to sign a separate medical release form in order for my child to participate in those excursions. 3.) I give permission for photo(s) of my child/children to appear among other general club photos in any and all media as long as there is no identifying information published by Dalzell Baptist Church. I hereby waive any causes of action I may have because of the use of my child's photograph. _____ Yes _____ No (please check one indicating if you give permission for photos to be taken and published as stated in #3 above) I have read and agree to the Terms and Conditions stated above.				
Printed Name of Parent/Guardian		Signature of Parent/Guardian		Date