

Parent / Guardian		Number / E-mail address	Contact Person
Name(s):	_____	Cell Phone: _____	_____
Address:	_____	E-Mail: _____	_____
City: _____ State: _____ Zip: _____		Home Phone: _____	_____
Home Church: _____		Work Phone: _____	_____
Persons (other than parents) authorized to pick up the children:		Other: _____	_____
		Emergency*: _____	_____

\* Emergency Contact During Club Time (other than parents)

Child's First and Last Name	Nickname	Birth Date	Gender	Grade	School	Need Book	Need Uniform
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Child	Doctor Name and Phone	Dentist Name and Phone	Last Td Shot	Allergies / Meds / Special Needs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am interested in helping:  Weekly  Every other week  Monthly  For Special Events  
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

**Terms and Conditions**

- 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 hold harmless from any legal liability, Trinity Baptist Church and any persons involved in the AWANA Club ministry.
- 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.
- I grant permission for a photo of my child to appear in an unpublished club directory to be used by AWANA leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- I grant permission for my child to travel to/from AWANA club events with an adult leader. Any such event will be clearly communicated with me beforehand.

**Office Use**

Fees:

Dues \_\_\_\_\_

Book \_\_\_\_\_

Uniform \_\_\_\_\_

\_\_\_\_\_

Total Due \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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