

AWANA Club Registration Form
First Baptist Church of Crofton 2016-2017

Child's name: _____ Gender: M / F Birthday: _____

Age and School Grade: _____ Shirt size: _____

Home Church: _____

Parent/Guardian's name: _____

Address: _____

Phone Number(s): (h) _____ (c) _____

Email Address: _____

Other individuals allowed to pick up child: _____

Emergency Contact(s) (if parent cannot be reached): _____

Medical Conditions/developmental delays: _____

Food allergies/medications/dietary concerns: _____

If I cannot be reached, in case of a medical emergency, I give permission for my child to receive first aid or be treated by a physician if the emergency may endanger my child's life, cause disfigurement or physical impairment, or cause undue discomfort by delaying medical treatment.

Parent/Guardian signature _____ Date _____

I give permission for my child's photo, which may be taken during AWANA club activities, to appear on the church website or to be used for publicity or display purposes.

Parent/Guardian signature _____ Date _____

***If you are interested in volunteering, please put your information on the sign up sheet!**