

Awana Clubber Registration
Club Year: 2011-2012



West Lake Baptist Church
1439 FM 315 South
Chandler, TX 75758

- Please Print Clearly -

PARENT/GUARDIAN INFORMATION:

PARENT Name(s): _____ **Home Phone:** _____
Address: _____ **Mother's Cell:** _____
City: _____ **Father's Cell:** _____
Home Church: _____ **Email:** _____
Individuals authorized to pick up child/children from club: _____

Emergency Contact If Parent/Guardian Cannot Be Contacted:

Name: _____ **Relation to child/children:** _____
Home Phone: _____ **Cell Phone:** _____

<u>CHILD'S NAME (First, Last)</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Age</u>	<u>Grade</u>	<u>Allergies/Medical Conditions</u>	<u>Child has a Bible for Personal Use</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF VISITING AWANA FOR FIRST TIME:

Brought to Awana by: _____ on Date: _____

AUTHORIZATION FOR PHOTO USE:

I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. Yes No
I grant permission for photos of my child to appear among other general club photos on West Lake Baptist Church's Web page, printed material or other church media as long as there is no identifying information shown. Yes No

TERMS AND CONDITIONS:

- 1) 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, West Lake Baptist Church and any persons involved in the Awana ministry.
- 2) I give permission for Awana volunteers to administer first aid to my child/children. In the event of an emergency that requires medical treatment of 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 hereby authorize Awana volunteers to obtain and consent to on my behalf any emergency services or medical care by a licensed physician or hospital to provide the care necessary for my child's well being. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. Furthermore, I assume all costs connected to any accident or treatment of my child.

Signature of Parent or Guardian: _____ **Date:** _____