

Grace Baptist Church 2020 – 2021 Clubber Enrollment Form

Child's N	Name:					
Date of	Birth:Gen	nder:School Gr	ade:	_School Nar	me:	
Father /	Guardian:	M	other/Guardi	an:		
Street A	ddress:					
City:		State:			Zip:	
Home P	hone:		Cell P	hone:		
E-mail:_						
Do you	attend Grace Baptist Church	YES NO If no	, church you	attend:		
Has you	ır child participated in AWAN	A previously? YI	ES NO			
Emerge	ncy Contact Name and Phon	ne:				
Special	Needs or Anything we need	to know about your chi	ild:			
Allergies	5:					
activity, t involved made to secure the associated	here is a risk of injury. I fully act in the AWANA ministry. 2. In the event of any emergency contact me or my emergency cone services of 911/emergency med with any accident or treatmen	ay participate in physical cept this risk and hold ha cy that requires medical tontact. However, if I/we contact personnel in the ent of my child.	rmless from a creatment for the cannot be read vent of an emo	ny legal liability ne above name hed, I give my ergency. I ass	during Game Time. As with any phy y, Grace Baptist Church and any persected child, I understand every effort will permission to the AWANA volunteers sume responsibility for all costs y and these photos/videos may be us	be s to
future pro	omotional materials or on church	n web site/social media.	If NO, PLE			
Parent/0	Guardian			_	Date	
Office	e Use:					
Paid:	Completed Date	Partial	Pay Date	Book	Uniform	
Cash_	Check#					
Date pa	Date payment entered in Database: Date Email Entered in Database					