



Grace Baptist Church

2016 – 2017 Clubber Enrollment Form

Child's Name: _____

Date of Birth: _____ Gender: _____ School Grade: _____ School Name: _____

Father /Guardian: _____ Mother/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Do you attend Grace Baptist Church regularly? YES NO If no, church you attend: _____

Has your child participated in AWANA previously? YES NO

Emergency Contact Name and Phone: _____

Special Needs or Anything we need to know about your child: _____

Allergies: _____

Terms and Conditions, please initial next to each number:

_____ 1. I understand that my child 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, Grace Baptist Church and any persons involved in the AWANA Club ministry.

_____ 2. In the event of any emergency that requires medical treatment for the above named child, 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 associated with any accident or treatment of my child.

_____ 3. I grant permission for a photo of my child to appear in an unpublished directory to be used by AWANA Leaders only.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 have read and agree to the terms and conditions stated above.

Parent/Guardian

Date

Office Use:

Paid: Completed Date _____ **Partial Pay Date** Book _____ Uniform _____

Cash _____ Check# _____

Date payment entered in Database: _____

Date Email entered in Database: _____