



**Grace Baptist Church  
2017 – 2018 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      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: \_\_\_\_\_

**\*\*\*Important Notice: Your child may be photographed or videotaped during AWANA activities on Sunday nights and these photos/videos could be used in promotional materials for the church or on the church website/social media.**

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 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 911/emergency medical personnel in the event of an emergency. I assume responsibility for all costs associated with any accident or treatment of my child.

\_\_\_\_\_ 3. I understand that my child may be photographed or videotaped during this ministry and these photos/videos may be used in future promotional materials or on church web site/social media. **If NO, PLEASE CIRCLE HERE      NO**

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 \_\_\_\_\_