

**Awana Clubber Registration**

**FBC Benbrook AWANA Club**

**Club Year: 2017-2018**

**- Please Print -**

1015 McKinley  
Benbrook, TX 76126

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	E-Mail: _____	_____
City: _____ State: _____ Zip: _____	Home Phone: _____	_____
Home Church: _____	Work Phone: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
	Emergency*: _____	_____

\* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>	<u>Uniform Size</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the clubber have any allergies / medications / special needs we should be aware of? (Please note which clubber if more than one registered)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When available, I am interested in receiving text messages to get reminders of club theme nights and club updates, when necessary. Y / N  
Provider: \_\_\_\_\_

Mobile number(s) to text: \_\_\_\_\_

**Terms and Conditions**

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, First Baptist Church of Benbrook and any persons involved in the Awana Club ministry.

In the event of an emergency that requires medical treatment for 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 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 connected to any accident or treatment of my child.

Y / N - My child is up-to-date on all vaccinations.

Y / N - I grant permission for a photo of my child to appear in an unpublished club 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.

Y / N - I grant permission for Aron Adalian, Children's Minister at First Baptist Church of Benbrook, to visit my child at their school for the purpose of having/bringing lunch with/for my child.

I have read and agree to the Terms and Conditions stated above

X \_\_\_\_\_  
Signature of Parent/Guardian Date

<u>Office Use</u>	
Dues	_____
Pkg	_____
Book	_____
Uniform	_____
TOTAL	_____
Amt Paid	_____
Paid Date	_____
Check #	_____
Date Registered:	_____