

AWANA Registration Form 2024-2025

Child's Name _____

Parent's Name _____

Address _____

Home Phone _____ Other Phone _____

Emergency Contact _____ Phone _____

E-mail address _____

Church you usually attend _____

Grade _____ Birthday _____ Baptism Date _____

Permission to participate in AWANA programs games/emergency medical release

I give permission for my child/children to participate in all aspects of the AWANA program at First Baptist Church. I understand that the AWANA program includes physical games that are structured and supervised, but that physical injury is possible with unforeseen circumstances. I also understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's wellbeing. I also understand that I am responsible for the cost of professional medical emergency care.

I hereby indemnify and hold harmless First Baptist Church of Cross City, employees and/or agents for any injuries or other harm sustained by my child.

Parent/Guardian Signature Date

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area you are releasing FBC to use photos of your child as stated above.

Parent/Guardian Signature _____

Please list any known allergies or physical limitations your child has _____

Other people authorized to pick up your child from activities sponsored by FBC

_____ Relationship to child _____

_____ Relationship to child _____

I hereby agree to allow my child to leave AWANA program in unaccompanied manner and hereby indemnify and hold harmless First Baptist Church of Cross City and employees and /agents and anyone working in the AWANA program for anything that may happen to my child when in unaccompanied manner.

Parent/Guardian Signature _____ Date _____