

**Country Acres Baptist Church AWANA Registration Form**

Please complete and sign the form to register your child for the AWANA club at CABC. A form is required for each child.

Date \_\_\_\_\_

Clubber Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

Clubber Age/Grade \_\_\_\_\_ Clubber Birthday \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Siblings (names/ages) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Brought by \_\_\_\_\_ Invited By \_\_\_\_\_

Individuals authorized to pick up your child \_\_\_\_\_

May we have permission to photograph your child?     YES     NO

Authorization for Club Leader to contact your child/children, send written correspondence, phone call, or home visit to see how they are enjoying the club and to discuss club activities:

\_\_\_\_\_ YES    \_\_\_\_\_ NO    Date \_\_\_\_\_

AWANA Games Permission

My child \_\_\_\_\_ has my permission to participate in the AWANA Games hosted by Country Acres Baptist Church in Wichita, Kansas. I give permission for the staff to administer minor first aid if necessary. I also give my consent for treatment at the nearest facility if deemed necessary. Parents/Guardians will be notified if more than first aid is needed.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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