

# TBC Awana Clubber Registration Form

(Please print clearly)



Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone Numbers Home \_\_\_\_\_ Mobile (mom) \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile (dad) \_\_\_\_\_

Select Club Cubbies  Sparks  T&T   
(circle one) 3 & 4 year olds K-2<sup>nd</sup> grade 3<sup>rd</sup>-5<sup>th</sup> grade  
(3 years old by August 31<sup>st</sup>)

Attend Church? If so, where \_\_\_\_\_

Has your child participated in Awana before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents' location during Awana \_\_\_\_\_

### Office Use

Awana Cost \$30  
New/Next Book Included  
Need Bag +\$6  
Have Uniform -\$10  
TOTAL DUE \$\_\_\_\_\_

Size \_\_\_\_\_ Book # \_\_\_\_\_

NOTES \_\_\_\_\_

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**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Special medical conditions such as Diabetes, Allergic Reactions, or any medications currently in use:

\_\_\_\_\_

List any physical restrictions your child has that would limit participation by him/her in any activities:

\_\_\_\_\_

**EMERGENCY AUTHORIZATION**

I hereby authorize the leaders of AWANA to act on my behalf when I cannot be contacted, IN CASE OF AN EMERGENCY, resulting in the need of medical attention for my son/daughter named above.

I understand that my child will be participating in the Trinity Baptist Church AWANA program and will be under the care and guidance of its leaders. I agree to hold harmless the AWANA leadership and Trinity Baptist Church from any accidents as a result of my child's participation in its activities. I release the church representatives/sponsors from any and all liability for any accidents or injuries.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Parent/Guardian Signature

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Date