

FIRST BAPTIST CHURCH OF LOWELL

Year 2011-2012 - AWANA REGISTRATION FORM

(One child per completely filled out form)

Child's Name: _____ Gender: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Parent's or Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Grade: _____ Age: _____ Church your child attends on Sundays: _____

Current Active Contact e-mail Address: _____

Medical / Health Insurance: Do you have insurance? Yes or No (circle answer)

Company _____

Group # _____ Policy # _____

Policy Holder: _____

Family Doctor: _____

Does your child have any allergies or other medical conditions? Yes or No

(If yes please explain or list on back of this paper)

Does your child take any medications? Yes or No (circle answer)

(If yes please explain or list on back of this paper)

When was your child's most recent tetanus shot? _____

On the back, please list any other information you feel may be helpful in seeking medical treatment for your child.

The full completion of this form is required for your child to participate in the Awana program. In the event that your child gets hurt while at First Baptist Church, we will do everything possible to reach you. In order to know where to reach you we need you to complete this form.

As parent(s) or legal guardian(s) of the above child, we hereby authorize any emergency medical and/or surgical care, including diagnosis and treatment to be rendered to him/her by any licensed physician or surgeon, or by any licensed hospital, as necessary when accompanied by an adult leader of First Baptist Church of Lowell, MI. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance and agree to make full payment for same upon receipt of statement of fees.

We do hereby agree to hold harmless the First Baptist Church of Lowell, MI, it's staff, and leadership from any and all actions, claims, demands, suits, or other liabilities which may result from the above named minor's participation in youth group activities and outings.

Parent or Guardian's Signature

Date

For Office Use Only: Club: _____ Updated DB <input type="checkbox"/>

Please turn over more on back →

Picture Permission Section

From time to time we like to share with our church family what is happening in Awana by taking pictures or videotaping. Sometimes a few of the pictures may appear in one of our brochures or website. We would like your permission for use of your child's image.

As parent(s) or legal guardian(s) of the above youth, our signature below gives FBC Lowell the absolute right and permission to use your child's photograph(s) in its promotional materials and publicity efforts. We understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., DVD, video, Internet) or other form of promotion or information. We release FBC Lowell, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right we may have in connection with such use.

_____ YES, I grant permission for my child's image to be used by FBC Lowell.

_____ NO, I DO NOT grant permission for my child's image to be used by FBC Lowell.

Parent or Guardian's Signature

Date

Field Trip Permission

During the Awana year, there are times when instructional and/or entertainment programming will be available through field trips. Through published calendars, newsletters, or special notes, we will inform you of the times/dates of each field trip prior to the event. This will give you the opportunity to be in touch with your child's leader if you have questions or choose for your child not to participate.

As parent(s) or legal guardian(s) of the above youth, our signature below indicates approval for FBC Lowell to transport our child by bus and/or van on field trips throughout the Awana year.

_____ YES, I grant permission for my child to be transported by bus and/or van on all field trips.

_____ NO, I DO NOT grant permission for my child to be transported by bus and/or van. I agree to provide transportation on all field trips or my child is to stay behind at the FBC Lowell church building.

Parent or Guardian's Signature

Date

Please explain any allergies or other medical conditions your child has:

Please list any medications your child takes:

Please list any other information you feel may be helpful in seeking medical treatment for your child: