

AWANA Club Registration and Consent

2017-2018

PLEASE PRINT:

Children's Name _____ Age _____ Grade (Fall 2017) _____ Birth date _____ / _____ / _____

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

Parent Name _____ Preferred Phone _____ OK to Text

Alternate Phone _____ Address _____

City _____ Zip Code _____ E-Mail _____

Emergency Contact (other than Parent) Name _____

Phone _____

Relation _____

We the parents of the above named child(ren) do hereby authorize the AWANA leader representing First Baptist Church, as agent to the undersigned, to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment, and hospital judgment deemed advisable.

This authorization is given pursuant to the provision of section 25.8 of the civil code of California. This authorization is to be effective until it is revoked, in writing, to said agent.

It is understood that, as parents or guardians, we are responsible for all medical costs and I (we) will not hold First Baptist Church, the leader, or any officer, drivers, or helpers liable for medical aid rendered to my child(ren).

List all known allergies or medical conditions for each child on reverse side of this form. Allergies listed (please check)

Signature of Parent or Guardian _____ Date _____


Family Doctor _____ Phone _____

Insurance Provider _____

Policy Number _____

PERMISSION TO PHOTOGRAPH & VIDEO

I grant permission to First Baptist Church, the rights of my child's image, likeness and sound of voice as recorded on audio or video tape, without payment or any other consideration. I understand the images may be edited, copied, exhibited, published or distributed, and waive my right to inspect or approve the finished product, wherein their likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of images or recordings. By signing this release I understand this permission signifies that photographic or video recordings may be electronically displayed via the Internet or in a public setting. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.



I'd like to sponsor a needy child's:
 Registration (\$45) Supplies (\$20) Other Amount \$ _____

Registration Fee*

		Check	
1 Child	\$45	<input type="checkbox"/>	Each additional child from the same family = \$25
2 Children	\$85	<input type="checkbox"/>	
3 Children	\$110	<input type="checkbox"/>	

Note: Registration DOES NOT include club supplies

Supply Prices

* = REQUIRED SUPPLIES

Puggles (Age 2 & Young 3)

Home Cards*	\$15	<input type="checkbox"/>
T-Shirt	\$12	<input type="checkbox"/>
Back Pack	\$ 9	<input type="checkbox"/>

Cubbies (Age 3, 4 & Pre K)

Club Vest*	\$12	<input type="checkbox"/>
Handbook*	\$11	<input type="checkbox"/>
Book Bag	\$7	<input type="checkbox"/>
Memory CD	\$9	<input type="checkbox"/>

Sparks (Grade K, 1 & 2)

Club Vest*	\$12	<input type="checkbox"/>
Handbook*	\$11	<input type="checkbox"/>
Book Bag	\$7	<input type="checkbox"/>
Memory CD	\$11	<input type="checkbox"/>

T & T (Grade 3, 4, 5 & 6)

T-Shirt*	\$15	<input type="checkbox"/>
Handbook*	\$11	<input type="checkbox"/>
Back Pack	\$ 9	<input type="checkbox"/>
Memory CD	\$12	<input type="checkbox"/>

***OFFICE USE ONLY**

Registration	\$ _____
Supplies	\$ _____
Check #	_____
CC #	_____
Total	\$ _____