



Awana Registration

First Baptist Terrell 403 N. Catherine St. 972-563-7561

New Clubber Dues: \$20
Returning Clubber Dues: \$10
Family cost not to exceed: \$50
ck cc Cash S

Household Last Name: _____ Address: _____ City: _____ Zip: _____

Parent/Guardian First Name: _____ Relationship _____ Phone: _____ Phone Type: _____

Parent/Guardian First Name: _____ Relationship _____ Phone: _____ Phone Type: _____

We regularly send emails to update parents on Awana news, so please give an email address you check frequently.

Parent Email: _____

We use text reminders to keep you updated on weekly happenings. To sign up for these reminders:
please text the message @fbctawana to the number 81010

Home Church: _____

Emergency Contact (other than Parent/Guardian)

Name: _____ Evening Phone: _____

Name: _____ Evening Phone: _____

1. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

2. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

3. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

4. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

5. Child's Name: _____ Nickname: _____

Gender: M F D.O.B. _____ Age: _____ Grade: _____ Allergies: _____

- I understand that my child(ren) may be involved in physical activity as those in Game time. As with any activity, there is a risk of injury. I fully accept this risk and hold harmless against any legal liability **First Baptist Church Terrell** and any persons involved in the Awana club ministry.
- In the event that an emergency requires medical treatment for the above named child(ren), I understand every effort will be made to contact me or my emergency contacts. However, if I/we cannot be reached, I give permission for **First Baptist Church Terrell** volunteers to secure the services of emergency medical help necessary for my child(ren)'s well being. I assume all responsibility for the costs of any accident and any treatment.
- I give permission for photos to be taken of my child(ren) and for them to appear among general club photos for promotion as long as there is no identifying information shown.

I have read and agree to the terms and conditions listed above.

Parent/Guardian Signature _____

