





















**First Baptist Church of Denton
AWANA Registration Form**

Name: _____	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Birthday: _____	(2yrs)	(3yrs-4yrs)	(K-2 nd)	(3 rd -6 th)	(6 th -8 th)
Grade: _____					
Medical Conditions: _____					
Medical Release Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Order Sheet Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name: _____	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Birthday: _____	(2yrs)	(3yrs-4yrs)	(K-2 nd)	(3 rd -6 th)	(6 th -8 th)
Grade: _____					
Medical Conditions: _____					
Medical Release Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Order Sheet Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name: _____	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Birthday: _____	(2yrs)	(3yrs-4yrs)	(K-2 nd)	(3 rd -6 th)	(6 th -8 th)
Grade: _____					
Medical Conditions: _____					
Medical Release Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Order Sheet Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Pd: <input type="checkbox"/>					
Name: _____	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Birthday: _____	(2yrs)	(3yrs-4yrs)	(K-2 nd)	(3 rd -6 th)	(6 th -8 th)
Grade: _____					
Medical Conditions: _____					
Medical Release Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Order Sheet Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Pd: <input type="checkbox"/>					

Parent's/Guardian's Names: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Parent's Cell Phone: _____ Email: _____

Emergency Medical Information

Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Physician: _____ Phone: _____

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability First Baptist Church of Denton and any persons involved in AWANA Club Ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from AWANA Club events with an adult leader or approved adult driver. Any such event will be clearly communicated to me beforehand.

Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____