

Big Level Baptist Church
1346 City Bridge Road
Wiggins, MS 39577
601-928-3898

AWANA Clubber Registration Form

Child(ren) Name _____ (M / F) Birth Date _____ Age _____ Grade _____
Name _____ (M / F) Birth Date _____ Age _____ Grade _____
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Name _____ (M / F) Birth Date _____ Age _____ Grade _____

Church that you regularly attend: Big Level Baptist Church _____ Other _____ None _____
I am a member: Yes _____ No _____

Photographs are sometimes taken of AWANA ministry activities for publicity and promotional purposes, which include, but are not limited to in-house presentations, church web sites, brochures and newsletter. Children's names or information are never used without specific permission. Full names will not be used. By signing this, you are releasing Big Level Baptist Church to use any photographic/video likeness of your child for ministry related media productions on/in videos, brochures, websites, or other publications.

Signature of Parent/Guardian _____ Date _____

Mother's Name _____ Email _____

Telephone (H) _____ (W) _____ (C) _____

Address _____

Church you regularly attend: _____

I would like to be contacted to learn more about AWANA ministries: Yes _____ No _____

I may be interested in serving in AWANA ministries: Yes _____ No _____

Father's Name _____ Email _____

Telephone (H) _____ (W) _____ (C) _____

Address _____

Church you regularly attend: _____

I would like to be contacted to learn more about AWANA ministries: Yes _____ No _____

I may be interested in serving in AWANA ministries: Yes _____ No _____

It is expected that each person associated with this ministry to conform to rules of conduct including, but not limited to:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Respect property
- Respect one another, staff, and leaders
- Respect and comply with event schedule

I understand any failure to follow the set rules may be cause for the attendee to be sent home at the expense of the parent/guardian. I further understand that the attendee and their parent/guardian will assume the cost of damage that he/she causes to property and goods. If any additional information changes, I will complete and submit a new form ASAP.

Check the following areas of concern for this clubber.

1. Does your child have allergies?

Medications _____ Pollens _____ Food _____ Insects _____ Other _____

If applicable, please list specific information regarding allergies:

2. Does your child have, or has ever experienced, or is being treated currently for any of the following?

Asthma _____ Epilepsy/Seizure Disorder _____ Heart trouble _____ Diabetes _____

Frequent upset stomach _____ Physical handicap _____

3. Date of last Tetanus shot _____

4. Does your child wear? glasses _____ contacts _____

5. Please list and explain any major illnesses the clubber has experienced during the last year:

6. Does your child require specialized AWANA material? Yes _____ No _____

Additional comments: _____

If this clubber's activities should be restricted for any reason, please explain: _____

_____ has my permission to attend all activities sponsored by Big Level Baptist Church (hereinafter called "the Church").

I/We, the undersigned, give permission to seek whatever medical attention is deemed necessary, and release the Church, its staff, and volunteers of any liabilities against personal losses of named child.

I/We, the undersigned, have legal custody of the clubber named above, a minor, and have given our consent for him/her to attend events being organized by the Church.

The undersigned does also give permission for their child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Big Level Baptist Church.

Signature of Parent

Date

Insurance and Medical Information (a photocopy is acceptable):

Carrier: _____

Group: _____ Additional Information: _____

Family Physician: _____ Physician Phone: _____

Physician Address: _____

Family Dentist: _____ Dentist Phone: _____

Dentist Address: _____

I, _____, hereby state that I am the parent/legal

guardian of _____. As the parent and/or guardian, I give consent and authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed, to include but not be limited to, X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs and medicine. This authority is granted only after effort has been made to contact the parent/guardian, and it is determined that care is needed prior to the probable return of the parent/guardian.

In the event that the herein named minor becomes ill or sustains an injury while under the supervision of staff or volunteers of Big Level Baptist Church, I do herewith give my permission to those in charge to

take whatever steps are necessary to stop bleeding and to administer appropriate first aid to my child as needed.

I understand that some activities can pose a risk to personal health and safety. I hereby release Big Level Baptist Church, other associated organizations and its staff and volunteers involved of any liability in the event of injury incurred during any of the AWANA club activities.

I also understand I am responsible for charges not covered by my insurance.

A copy of this authorization may be used as the original.

Printed name of parent or guardian

Signature of parent or guardian

Phone number(s)

I understand one segment of the time spent in AWANA is game time. Big Level Baptist Church is working diligently to keep my child(ren) safe from seen and unseen danger. I also understand that during game time, the children may come in contact with one another.

_____ has/have permission to participate in game time.

_____ is/are not given permission to participate in game time and should go to an alternate activity.

Parent signature

Date

Clubber(s): _____

The following are authorized to drop off/pick up my child(ren) from AWANA:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Month		Drop Off	Pick Up		Month	Drop Off	Pick Up
Sept					Feb		
Oct					Mar		
Nov					Apr		
Dec					May		
Jan							