



Clubber Registration

Child's Name _____

Gender *m / f* Age _____ Birth Date _____ Grade _____

Parent / Guardian _____

Address _____ City _____ Zip _____

Cell phone _____

Emergency Contact Person _____ Phone _____

Home email address _____

Allergies _____

Church you attend *FBCJ* or *(other)* _____

Release Form for Minor

By my signature I hereby give the following permissions:

I / We give permission for my child to attend AWANA Club at First Baptist Church of Joelton, TN for the duration of the current club year.

I / We further give permission for my clubber's AWANA leader to contact him/her via the phone or through the mail as it pertains to club functions or concerns.

I / We also give permission for pictures of my child to be use in church media and promotional materials.

IN CASE OF EMERGENCY--- It is the policy of First Baptist Church-Joelton in case of illness, accident, other emergencies affecting any boy or girl attending a church function or activity, to make reasonable attempt to promptly get in touch with the parent or guardian. It is required that we have you sign the following statement:

I / WE, the undersigned parent(s) or guardian of _____, a minor, do hereby authorize First Baptist Church, it's representative, to select transportation to their chosen licensed physician who may use upon and administer to the said child while attending him/her: x-ray examination, anesthetic, medical; or surgical diagnosis or treatment, order injections, or hospitalize, as in the opinion of such physician is deemed necessary or advisable.

These shall be in effect from the date of registration till the end of the current club year.

Parent's / Guardian's signature _____ Date _____

Office Use Only

Puggles _____ Cubbies _____ Kindergarten Sparks _____ 1st Grade Sparks _____
2nd Grade Sparks _____ 3/4 T&T _____ 5/6 T&T _____

List any Additional Children on the Back

Additional Children:

Child 2

Name: _____

Date of Birth _____ **Grade** _____ **Gender** F / M

Child 3

Name: _____

Date of Birth _____ **Grade** _____ **Gender** F / M

Child 4

Name: _____

Date of Birth _____ **Grade** _____ **Gender** F / M