

Awana Clubber Registration

FBS Awana Club

Club Year: 2011-2012

- Please Print -

2400 Main Street East
Snellville, GA 30078

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	E-Mail: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
_____	Emergency*: _____	_____

* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am interested in helping: Weekly Every other week Monthly Quarterly For Special Events

Note: All Awana staff must submit to a background check before working with the children. Certified Leaders pay 1/2 price for their children.

Terms and Conditions

- 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 Snellville and any persons involved in the Awana 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear for church purposes only, including but not limited to, general club pictures, in-house presentations, church web sites, brochures and newsletters.
- 4) I grant permission for my child to travel to/from Awana Club events with an adult leader (i.e., Awana Games, Sparks-A-Rama, Bible Quiz). Any such event will be clearly communicated with me beforehand.
- 5) All preschool parents (2 yrs old - Kindergarten) are required to stay on campus. _____ Initials

Office Use

2011-2012 Registration Fees:
Puggles: \$15.00 Cubbies: \$25.00
Sparks: \$30.00 T & T: \$35.00
Family Maximum: \$60.00

New Uniform -\$10.00
Replacement Uniform-\$15.00

**Payment plan? 1/2 now, 1/2 Jan

*** Need info on scholarships__

Total Due _____ Amt Paid _____
Date Paid _____ Cash/Chk# _____
Date entered in AW _____

I have read and agree to the Terms and Conditions stated above

X _____
Signature of Parent/Guardian Date

FIRST BAPTIST SNELLVILLE
Medical and Photo Release Form
For All Activities/Events

EVENT _____

Participant's Name _____ Age _____

Mailing Address _____

City _____ Zip Code _____ E-mail _____

Cell # _____ Home # _____ **EMERGENCY #** _____

Please supply ALL of the following information. It is in your best interest not to omit any information.

Physician _____ Phone _____

Physical Conditions (asthma, diabetes, etc.) _____

Allergies _____

Current Medications _____

Operations/serious injuries in the past 5 years _____

Emergency Contact _____

Relationship _____ **Phone** _____

MEDICAL RELEASE: I hereby consent to my participation or my child's participation in the above event and other events or scheduled activities either at or sponsored by First Baptist Snellville ("FBCS") and agree to assume all of the risks related to such participation. I understand that participation in athletic activities sponsored by FBCS involves the risk of injury.

I authorize a representative of FBCS to contact medical personnel in case of a medical emergency involving me and/or my child. I hereby give permission to medical personnel to perform x-rays, tests, or perform or provide other medical treatment deemed necessary or desirable for my care or my child's care. I give permission for administration of medication, injections and/or anesthesia and/or surgery if deemed necessary or desirable by medical personnel for my care or my child's care. I also authorize the release of the above information to assist with their decisions for my care or my child's care.

I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents, and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury or associated medical care administered to me or my child during and/or relating to or arising out of participation in this event or other events and activities either at or sponsored by FBCS.

PHOTO RELEASE: I give permission for myself and/or my child to be photographed or videoed during the above event and other events and activities either at or sponsored by FBCS. I also grant FBCS permission to publish and/or share my/the child's name, picture, portrait and/or photograph in all forms and media and in all manners, for display, publication, advertising, promotions, websites and any other lawful purposes, taken of children & adults during this event, on FBCS web site and/or other FBCS publications/media. I waive any right that I may have to inspect and/or approve the finished product(s) and I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me and/or my child related to the publication and/or sharing of the name, picture, portrait and /or photograph.

I have carefully read and I understand the forgoing release. I have the full right and power to enter into this release and I sign this release on my own free act. I understand that this is a legally binding agreement upon both me and (if applicable) my child.

Participant Signature _____ Date _____
(18 years or older)

Parent/Guardian Signature _____ Date _____
(**required** for participant under the age of 18 years)