

AWANA REGISTRATION FORM

Child's/Children's Names	Age	Grade	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s) Name: _____

Address: _____ City _____ St _____ Zip _____

Phone # during club time: _____

Email: _____ Would you like to be added to our email list for AWANA announcements? Y N

Church Home: _____ Brought By: _____

Any physical limitations, allergies, or medications? _____

May we use your child's picture in the paper or on our AWANA web site? Y N

PRICE LIST (*T-shirts run one size smaller)

PUGGLES (2 - 3 yr olds)

T-Shirt: \$9.00 x _____ = _____
 2T 3T 4T 5T 6T

SUBTOTAL: \$ _____

CUBBIES (4yrs - PreK)

Vest: \$9.00 x _____ = _____
 S M L XL

Book Bag (opt.): \$6.00 x _____ = _____

SUBTOTAL: \$ _____

SPARKS (K - 2nd grade)

Vest: \$10.00 x _____ = _____
 M L XL XXL

Book Bag (opt.): \$5.00 x _____ = _____

SUBTOTAL: \$ _____

T & T (3rd - 6th grade)

T-Shirt: \$13.00 x _____ = _____
 10 12 14

Adult: _____
 S M L XL

Book Bag (opt.): \$6.00 x _____ = _____

SUBTOTAL: \$ _____

Children

Dues Pd Sem: \$8.50 x _____ = _____
 Dues Pd Year: \$17.00 x _____ = _____
 Dues Pd Other Amount: \$ _____

Plus Club subtotals: + _____

TOTAL AMOUNT: \$ _____

***NOTE:** 1st copy of each book provided by the church; any replacement copies will be \$8.00 each.
 NOTE: Scholarships are available upon request. Please indicate on line below.

DATE PAID: _____

Request Scholarship? Y N

TOTAL PAID: _____

If yes, Partial or Total? P T

First Baptist Church

P.O. Box 67 • Beebe, AR 72012 • (501)882-3342

Liability Release

RELEASE OF ALL CLAIMS

We, the undersigned parent(s) or legal guardian(s) for _____,
(Child/Children)
do hereby release, forever discharge and agree to hold harmless *1st Baptist Church* and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in *the AWANA program* on _____.
(Activity) (Date)

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable).

We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

Print Child's Name

Father's Signature Date

Mother's Signature Date

Legal Guardian's Signature Date

Insurance Company

Policy Holder and Number

Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.

Notary Date

Physician's Name and Phone

Emergency Contact and Number

Noncustodial Parent and Number

Y N
Contact?