



**AWANA Clubs Registration Form**  
**Jefferson Baptist Church**  
**2023-2024**

**Parent/Guardian Information:**

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Parent/Guardian Phone #s: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Name of your Church: \_\_\_\_\_  
 Alternate Contact Name: \_\_\_\_\_ & Phone: \_\_\_\_\_

Please fill in your child(ren)'s information below. One form per family of siblings.  
 To enter Cubbies, a child must be 3 on or before Sep 1<sup>st</sup>, 2023.

**Child #1:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
 Allergies or medical condition(s): \_\_\_\_\_

**Child #2:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
 Allergies or medical condition(s): \_\_\_\_\_

**Child #3:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
 Allergies or medical condition(s): \_\_\_\_\_

**Child #4:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
 Allergies or medical condition(s): \_\_\_\_\_

**Child #5:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
 Allergies or medical condition(s): \_\_\_\_\_

**Child #6:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
 Allergies or medical condition(s): \_\_\_\_\_

**Please Read & Sign Back of Form**

**Child #7:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
Allergies or medical condition(s): \_\_\_\_\_

**Child #8:** Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Age on Sep 1st,2023: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ & Phone: \_\_\_\_\_  
Allergies or medical condition(s): \_\_\_\_\_

For more than 8 kids, please fill out another form.

**Cost: \$25 per child** - Extra donations to sponsor those in need is welcome.

I am a legal parent/guardian of the child(ren) listed on this form and grant permission for their participation in all AWANA activities for the **2023 - 2024** club year. AWANA activities include games and other activities where there may be risk of injury to the child(ren). By signing below I:

1. Consent to my child(ren)'s participation in such activities.
2. Believe that my child(ren) are physically and mentally able to participate in those activities.
3. Authorize emergency medical assistance as directed by representatives of AWANA or Jefferson Baptist Church in the event of injury or illness required for the health and wellbeing of the child(ren).
4. Understand that a representative of AWANA or Jefferson Baptist Church will attempt to contact the parent(s) or guardian(s) listed on this form as soon as possible in the event of injury or illness. In the event contact is unsuccessful the Alternate Contact and, if needed, the Physician listed will be contacted.
5. Agree that I will be responsible for all costs and expenses incurred by AWANA and/or Jefferson Baptist Church for emergency medical services performed on behalf of my child(ren).

I also hold AWANA, Jefferson Baptist Church, its agents, employees and representatives harmless from all liability associated with the AWANA program and its activities. I further agree that I am solely responsible for the conduct of my child(ren) during AWANA activities and agree to defend and indemnify AWANA, Jefferson Baptist Church, its agents, employees, and representatives against any claim or liability arising from the child(ren)'s conduct.

**Optional:** Initial to deny permission to use photographs of my child(ren) in online club promotional materials: \_\_\_\_\_

**Signature of Legal Parent or Guardian:** \_\_\_\_\_

**Printed Name of Legal Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**AWANA Clubs starts on September 20th, 2023**