



Club (circle one)

Puggles Cubbies

Sparks T&T

AWANA Registration Form

Clubber Information

Child's name (please print): _____ girl / boy

Grade: _____ Age: _____ Birthday: _____

Parent/Guardian Information

Name of parent(s) or guardian: _____ Phone: _____

Preferred email: _____ @ _____

☐ Please check here if you would like to receive email reminders/updates from the children's ministry

Address: _____ Zip: _____

In Case of Emergency

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Person Permitted to Pick Up Your AWANA Clubber

Parent / Guardian: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Third Contact: _____ Phone: _____

AWANA Club Activity / Medical Release Form

I give my permission for my above-named child to participate in AWANA activities for the current school year. While expecting the AWANA staff to look after the safety of my child, I hereby release them and Immanuel Baptist Church from liability for any injury or illness that my child may sustain during club meeting and/or additional AWANA-sponsored activities.

I authorize the adult staff of the AWANA Clubs to obtain whatever emergency medical attention might be necessary for the above-named child in the event I cannot be reached.

Signature of parent or guardian

Date

Family physician: _____ Phone: _____

Emergency contact: _____ Phone: _____

Insurance company: _____ Group #: _____ ID# _____

Special medical concerns: _____



Picture/Photo Release

I, _____ as the parent/or legal guardian of the above children,

- ☐ DO give permission
- ☐ DO NOT give permission

For Immanuel Baptist Church, 2415 E. 104th St., Perkins OK 74059, to take pictures of my child (film, digital and video) while participating in church activities and post them in church brochures or on any website or social media set up by and/or related to Immanuel Baptist Church. I understand my child's pictures will not be used for any other purpose without first giving notification and seeking further consent for use.

Parent / or Legal Guardian Signature

Date