

Beavercreek Baptist Church – Beavercreek, Ohio

2010 AWANA Registration/Information Form

Child's Name _____ Birth date (mm/dd/yyyy) _____ Grade _____

Home Phone # _____ School Child Attends _____

Child's Home Address _____

Parent(s) Names _____ Email _____

Phone # (Home) _____ (Work) _____ (Cell) _____ (Cell) _____

Church that you regularly attend and/or are a member of:

Beavercreek Baptist Other - _____ -None

Photographs are sometimes taken of Awana activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names and information will not be included in any published or displayed material. By signing this area, you are releasing Beavercreek Baptist Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Please list other people that are authorized to pick up your child from activities sponsored by Beavercreek Baptist Church.

1. Name _____ Relationship to Child _____

Phone # (Home) _____ (Work) _____ (Cell) _____ (Cell) _____

2. Name _____ Relationship to Child _____

Phone # (Home) _____ (Work) _____ (Cell) _____ (Cell) _____

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

Name _____ Relationship to Child _____

Phone # (Home) _____ (Work) _____ (Cell) _____ (Cell) _____

Are there any medical conditions that would prevent your child from fully participating in a regular club night?

No Yes – Please explain: _____

In an emergency requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes a responsible person from Beavercreek Baptist Church to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____ Date _____

I hereby release Beavercreek Baptist Church, their leaders, co-leaders, volunteers, or anyone else associated with BBC or the BBC Awana Club from responsibility for any injuries suffered in relation to any aspects of a club night, to include Teaching Time, Handbook Time, Game Time, and Opening or Closing Ceremonies.

Signature of Parent/Guardian _____ Date _____