

Awana Clubber Registration

GBC Awana

Club Year: 2019-2020

- Please Print -

2525 Van Buren Court
Loveland, CO 80538

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	E-Mail: _____	_____
City: _____ State: _____ Zip: _____	Home Phone: _____	_____
Home Church: _____	Work Phone: _____	_____
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>Insurance Co and Policy #</u>	<u>Last Td Shot</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I am interested in helping: ___ Weekly ___ Every other week ___ Monthly ___ For Special Events
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.
 Age preference, or area interested in helping with: _____

Terms and Conditions

I, the undersigned parent/guardian of THE ABOVE LISTED CHILD(REN)/WARD(S), authorize the adult sponsor of this Awana program to obtain proper medical care from a licensed medical or dental doctor, in the case of an emergency. This authorization shall include transportation to receive the medical or dental care. In the event of injury to or illness of my child(ren)/ward(s), I agree that I and my healthcare insurer shall be financially responsible for any medical treatment required by my child(ren)/ward(s) as a result of any injury or illness suffered during their participation in any church-related activities. Regarding: Awana and Youth activities: I am aware that these activities may involve some hazard. I have considered these risks, and I still wish my child to participate. In consideration of my child(ren)/ward(s) participating in these activities, I agree not to bring legal action against Galilee Baptist Church, staff, sponsors, or volunteers as a result of any injury suffered in the course of my child(ren)'s/ward's participation.

PLEASE INITIAL here if you agree to be kept up to date on happenings through IREMIND _____
 Email _____ and/or Text _____

PHOTO RELEASE I grant to Galilee Baptist Church and its representatives and employees the right to take Photographs of my Child/Children. I Authorize Galilee to copyright, use and publish the same in print and/ or electronically. Galilee may use photographs of my child/children with or without their name for any lawful purposes, including publicity, illustration, web content, and on Galilee's facebook page.

I HAVE READ AND UNDERSTAND THE ABOVE.
 Signature _____

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

X _____
 Signature of Parent/Guardian Date

Office Use