

Clubber Registration**Fee Fee Baptist Church Awana Club****Club Year: 2022-2023****- Please Print -**

11330 St. Charles Rock Road

Bridgeton, MO 63044

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send text messages, please provide your Cell Phone Carrier's Name here: _____ (e.g. AT&T, Verizon, etc.)

Parent /Guardian	Number / E-mail address	Contact Person	Text?
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)

Child's First and Last Name	Nickname	Birth Date	Gender	Grade	School	Need Book	Need Uniform
_____	_____	_____	_____	_____	_____	<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"/>

Please list any allergies, especially food and/or any medical condition our leaders should be aware of for each clubber.

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.

Terms and Conditions

1) I understand that my child/children may participate in physical activities such as those held during GameTime. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability Fee Fee Baptist church and any persons involved in the Fee Fee Awana Club ministry.

2) In the event of an emergency that requires medical treatment for the above named child/children. I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

3) I grant permission for a photo of my child to appear in any photos of club activities as long as there is no identifying information shown.

4) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

Office Use**Fees:**

Dues _____

Book _____

Uniform _____

Total Due _____

Amt Paid _____

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

X _____
Signature of Parent/Guardian Date