

Clubber: _____



Awana Club Registration Form

Club Year: 2018-2019

- Please Print -

AWANA@IBC
1415 South Topeka
Wichita, KS 67211

Parent/ Guardian	Number / E-mail address	Contact Person
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Family Church: _____	E-Mail: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
_____	Emergency*: _____	_____

* Emergency Contact During Club Time (other than parent / guardian)

Child's Name (First, Middle, Last)	Nickname	Birth Date	Gender	Grade	School	Other Info
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Medical Info (allergies, medicines, special needs)	Comments / Questions
_____	_____
_____	_____
_____	_____

Doctor's Name & Ph: _____

Dentist's Name & Ph: _____

I am interested Weekly Every other week
in helping: Monthly For special events

Note: All Awana Club Leaders and Helpers must be in compliance with the IBC Child Protection Policy 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 Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Immanuel Baptist Church and any persons involved in the 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 do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for my child's well being while under the custody and control of Immanuel Baptist Church personnel. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for photo(s) of my child/children to appear among other general club photos that will be taken throughout the club year. If you **do not** give permission please initial here: _____.
- 4) I grant permission for my child to be transported by church or private vehicle to/from Awana Club events held during the 2018-2019 Awana Club Year. Any such event will be clearly communicated with me beforehand and will comply with the IBC Child Protection Policy.

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

X _____
Signature of Parent/Guardian Date

Office Use ONLY

Fees Paid:

Handbook _____

Uniform _____

Bag _____

Database Input _____
