Awana Club Registration First Baptist Church – Grapeland

Personal Information:

Child's Name			
Date of Birth	Age	Grade	Gender
Parent/Guardian Nan	ne(s)		
Mailing Address			
Street Address (if diffe	erent from mailing address)		
City		State	Zip Code
Phone 1	Phone 2	Phone 2 email	
Emergency Contact Inform	ation:		
In case of an emerger	ncy and the parent/guardian	cannot be reached, w	ho should we contact?
Name	Relationship to child		
Phone	Alternate Phone		
Medical Information:			
Food/drug allergies _			
Medication taken on	a regular basis		
Any medical condition	on of which we should be av	vare	
Permission and Release:			
by the Awana Club of give my permission for secure needed medic First Baptist Church I hereby accept all the	of First Baptist Church Grap For First Baptist Church Gra al treatment in the event tha Grapeland and its represent	eland for the club year peland or its represent t I cannot be reached a tives/sponsors from l	participate in activities sponsored or of I further tatives/sponsors of the activity to for such permission. I release iability for accident or injuries. ned activity in which my child is
May we photograph	your child? Yes 1	No	
May we use photogra	uphs of your child for public	cations, both printed a	nd internet? Yes No
Signature of Parent/Guardian			Date