

Awana Clubber Registration

Lewis Lane Baptist Awana

Club Year: 2016-2017

- Please Print -

2600 Lewis Lane
Owensboro, KY 42301

<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>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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Persons RESTRICTED from picking up your child.

Name _____ Relationship _____

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, Lewis Lane 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 give my 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to receive information on but not limited to Awana, Jesus Junction, Sunday School and 4 Him Basketball.
- 5) 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

IN THE EVENT WE HAVE A CANCELTION WE WILL SEND A E-MAIL AND POST ON THE LEWIS LANE FACEBOOK PAGE. IF YOU DO NOT HAVE ACCESS TO EITHER OF THESE METHODS, PLEASE LET US KNOW THE BEST WAY TO CONTACT YOU.

WHICH DO YOU PERFER?

___PHONE CALL

___E-MAIL

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

X _____
Signature of Parent/Guardian Date