

**FIRST BAPTIST CHURCH CENTERVILLE AWANA CLUBS
PARENT'S PERMISSION/ REGISTRATION FORM 2017-2018**

____ New Clubber ____ Returning Clubber

PUGGLES	CUBBIES	SPARKS	TNT 3rd grade ____ girls	TNT 5th grade ____ girls
____ 2 year-olds	____ 3 year-olds	____ Kindergarten	TNT 3rd grade ____ boys	TNT 5th grade ____ boys
	____ 4 year-olds	____ 1 st grade	TNT 4th grade ____ girls	
		____ 2 nd grade	TNT 4th grade ____ boys	

PLEASE COMPLETE BOTH SIDES OF THIS FORM. PLEASE PRINT.

Name _____ Age _____ Birthdate _____

Address _____ Grade _____

City _____ State _____ Zip _____

Home Phone _____ Cell Number _____

Parents' Names _____

Email Address _____

Emergency Contact Name and Cell # _____

Who is allowed to pick up Clubber _____

Please list other siblings in Awana:

****Each Awana participant is required to purchase a book and pay dues.****

PUGGLES: 2 yr olds	CUBBIES: 3-4yr olds	SPARKS: K5-2nd grades	TNT 3rd-4th grades	TNT 5th grade
__ T-shirt \$10	__ Handbook \$10	__ Handbook \$10	__ Handbook \$10	__ Handbook \$10
__ 2T	__ Appletree	__ Hang Glider (1)	__ Grace in Action	__ Ult. Chal. (1)
__ 3T		__ Wing Runner (2)	__ Evidence of Grace	__ Ult. Chal. (2)
__ 4T		__ Sky Stormer (3)		
__ 5T	T-shirt \$10 (Royal Blue)	T-shirt \$10 (Red)	T-shirt \$10 (Green)	T-shirt \$10 (Green)
__ 6T	__ Youth X Small	__ Youth Small	__ Youth Med	__ Adult Med
	__ Youth Small	__ Youth Med	__ Youth Lg	__ Adult Lg
	__ Book Bag \$7	__ Youth Lg	__ Adult Small	__ Book Bag \$6
		__ Sparks Award	__ Book Bag \$6	
		Display \$5		
		(Sparks need to purchase the Award Display)		
	__ Yearly Dues \$10	__ Yearly Dues \$10	__ Yearly Dues \$10	__ Yearly Dues \$10

Total Paid _____ **Check #** _____ **Cash** _____

May we have permission to photograph your child? ____ Yes ____ No

May we have permission to use your child's photograph for the purpose of promotion? ____ Yes ____ No

First Baptist Centerville will only carry out medical responsibilities if a parent cannot be reached in ample time.

Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Allergies: _____

Medical Conditions: _____

Parental Authority To Consent To Treatment of Minor:

(Herein "Parent")

FIRST BAPTIST CHURCH CENTERVILLE, GA
(Herein "Organization")

The above named parent of the minor had entrusted into the care of the agent, an adult, and a duly authorized representative of the organization, and for the welfare of the minor.

The parent does hereby authorize the agent, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under laws of the State or County in which the medical care is being sought and on the medical staff of any hospital; or to consent to treatment to be rendered to the minor by any licensed dentist in the State or County in which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the agent to diagnosis, treatment, or hospital care which the aforementioned surgeon, physician, and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The parent hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the minor to the agent upon completion of the treatment.

The parent hereby agrees to fully pay all costs of the medical or dental care incurred for the minor by the agent, or the organization, under this authorization.

This authorization shall remain effective from August 2017 until June 2018 unless sooner revoked in writing delivered to said agent.

Date: _____ Parent/Guardian Signature: _____