



**Awana Charter 12240 – Suck Spring Baptist Church
REGISTRATION FORM**

Child's Name: _____

Date of Birth: _____ Age: _____ School Grade: _____

Parents/Guardian Name(s): _____

Address: _____

E-mail: _____

Home Phone: _____ Cell Phone(s): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Brother(s)/Sister(s) attending Awana or Youth: _____

Please circle "yes" or "no" for each of the following questions:

1) Do you give permission for your child to attend and participate in the Awana Clubs sponsored and supervised by Suck Spring Baptist Church (SSBC)? *Yes No*

2) Is your family actively attending and supporting another church besides SSBC? *Yes No*
If yes, name of the church: _____

3) Can SSBC add your phone number to their phone tree system (One Call Now) for you to receive messages about special Awana events or weather-related cancellations? *Yes No*

4) Do you give permission for your child to be photographed and videoed during Awana events for church purposes only (SSBC website & Facebook, promotional brochures, pictorial directory)?
Yes No

5) Are there any restrictions on who can pick up your child or have contact with them during or after clubs? *Yes No*

Names of Persons not OK: _____

Names of Persons who are OK: _____

Please see other side for Allergies, Authorization for Medical Aid, and Release of Liability.

Suck Spring Baptist Church

Authorization for Medical Aid and Release of Liability

Child's Name: _____

ALLERGY and MEDICAL INFORMATION:

List any allergies (food, insects, hay fever, etc.):

List any other medical history or special needs of which Suck Spring Baptist Church should be aware (fainting, seizures, asthma, dizziness, etc.):

INSURANCE INFORMATION:

Name of Insured: _____ Policy Number: _____

Name of Insurance Company: _____

Hospital Preference: _____

Physician Preference: _____

RELEASE OF LIABILITY

1. Suck Spring Baptist Church, including employees and representatives of the aforementioned organization, shall be held harmless from any suit, action, damages, or claims at law or otherwise, resulting from or arising out of any injury, accident, or illness which may befall (name of child) _____ and/or his/her property while participating in Suck Spring Baptist Church sponsored activities.

2. The undersigned parent or guardian hereby authorizes an adult, in whose care their child has been entrusted, to consent any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the aforementioned child under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, in the event of injury or illness of participant when parent or guardian cannot be reached for authorization.

The undersigned parent or guardian shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

(Signature of parent / guardian)

(Date)

**** This medical release is good for 1 year from the date of this document.**