



--Please Print--

Parent/Guardian	Number / E-mail Address	Emergency Contact*
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: _____	_____

*During Club Time (other than parents)

Child's Name (First, Middle, Last)	Nickname	Birth date	Gender	Grade	School	Need Book	Need Uniform	Size
_____	_____	_____	_____	_____	_____	<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"/>	_____

Clubber	Doctor Name and Phone	Dentist Name and Phone	Allergies / Meds / Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read and sign the Terms and Conditions. If there are any terms you do not consent to, cross off that term and initial next to its number. You may pay your family fees at any time. You also have the option of paying all at once or breaking it up into several smaller payments. Please make checks payable to Blair Ridge Baptist Church with Awana in the memo line.

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, Blair Ridge 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana leaders only.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 travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

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

X _____
Signature of Parent/Guardian Date

<p>Office Use Only</p> <p>Fees:</p> <p>_____ x \$16 per child</p> <p>_____ x \$10 per vest (½ price for used)</p> <p>_____ x \$13 per shirt (½ price for used)</p> <p>_____ Total Due</p> <p>_____ Amt. Paid</p> <p>_____ Pmt. Method</p> <p>_____ Date Paid</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>
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