



Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ Mobile # \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Names \_\_\_\_\_ E-mail \_\_\_\_\_

Allergies / Restrictions \_\_\_\_\_ Church Attending \_\_\_\_\_

Please check this child's club. For Sparks and T&T, also mark any handbook(s) completed:

\_\_\_\_ Cubbies (Age\* 3 & 4) \_\_\_\_ Sparks (Grades K – 2) \_\_\_\_ T&T (Grades 3 – 6) \_\_\_\_ Trek (Grades 7-9)

**Please list those who are AUTHORIZED to pick up your child from AWANA.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Name any person(s) RESTRICTED from picking up your child. If a court order is in effect, be sure a current copy is on file with the AWANA secretary.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**In Case of Emergency Call (other than parents)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Permission/Consent/Release of Liability I, the undersigned, request that my child(ren) be permitted to participate in the First Baptist Church of Miamisburg AWANA Ministry. I agree to hold harmless First Baptist Church of Miamisburg or any of their agents in the event of accident, illness, injury, or death, which may occur during any and all activity (AWANA sponsored activities).**

\_\_\_\_\_  
Signature of Parent or Guardian Date

Permission to Contact I, the undersigned, give permission for Awana to contact my child by written communications or emails to provided address to discuss/announce club activities.

\_\_\_\_\_  
Signature of Parent or Guardian Date