

Year: 2021-2022

- Please Print -

<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>Book Needed</u>	<u>Need Book</u>	<u>Need Uniform</u>	<u>Club</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>Last Td Shot</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are interested in helping with AWANA, please contact the Children's Ministry office at (941) 722-7795.
 Note: All Awana Club leaders and listeners must apply and submit to a background check before working with the children.

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, First Baptist Church of Palmetto and any persons involved in the AWANA Club Ministry.
- 2) In the event of an emergency requiring 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 First Baptist Church Awana leaders 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, illness or treatment of my child.
- 3) I understand that temperatures may be taken upon admittance to AWANA and if my child(ren) and/or I exhibit symptoms related to COVID, or any other illness, admittance will be denied.
- 4) I grant permission for photos/video of my child(ren) to appear in FBC related publications including print, video, website and social media. I also give permission for photos/video of my child(ren) to appear among other general club photos as long as my child's (children's) name(s) is not identified.

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

X _____
 Signature of Parent/Guardian Date

2021/2022 Fee Schedule

# of Children	Fee
1	\$30
2	\$50
3	\$70
4	\$90
5	\$110
6	\$130

Total Due: _____

Amt Paid: _____

Online / Cash / Check

Check #: _____

**After completing the registration form, save it to your computer.
 Then email it as an attachment to: CTripp@fbcpalmetto.com**