

**FIRST BAPTIST CHURCH CENTERVILLE AWANA CLUBS  
PARENT'S PERMISSION/ REGISTRATION FORM 2016-2017**

\_\_\_\_ New Clubber

\_\_\_\_ Returning Clubber

**PUGGLES**

**CUBBIES**

**SPARKS**

TNT 3<sup>rd</sup> grade \_\_\_\_girls

TNT 5<sup>th</sup> grade \_\_\_\_girls

\_\_\_\_ 2 year-olds

\_\_\_\_ 3 year-olds

\_\_\_\_ Kindergarten

TNT 3<sup>rd</sup> grade \_\_\_\_boys

TNT 5<sup>th</sup> grade \_\_\_\_boys

\_\_\_\_ 4 year-olds

\_\_\_\_ 1<sup>st</sup> grade

TNT 4<sup>th</sup> grade \_\_\_\_girls

TNT 6<sup>th</sup> grade \_\_\_\_girls

\_\_\_\_ 2<sup>nd</sup> grade

TNT 4<sup>th</sup> grade \_\_\_\_boys

TNT 6<sup>th</sup> 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 \_\_\_\_\_

**\*\*Each Awana participant is required to purchase a book and pay dues. A uniform is suggested but not required.\*\***

Please list other siblings in Awana:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PUGGLES**

**CUBBIES: 3-4yr olds**

**SPARKS: K5-2<sup>nd</sup> grades**

**TNT 3<sup>rd</sup>-4<sup>th</sup> grades**

**TNT 5<sup>th</sup>-6<sup>th</sup> grades**

\_\_ T-shirt-\$9.99

\_\_ Handbook-\$10

\_\_ Handbook-\$10

\_\_ Handbook-\$10

\_\_ Handbook-\$10

\_\_ 2T

\_\_ Honeycomb

\_\_ Hang Glider (1)

\_\_ Ult. Adv. (1)

\_\_ Ult. Chal. (1)

\_\_ 3T

\_\_ Wing Runner (2)

\_\_ Ult. Adv. (2)

\_\_ Ult. Chal. (2)

\_\_ 4T

\_\_ Sky Stormer (3)

\_\_ 5T

**T-shirt-\$12.00 (Yellow)**

**T-shirt-\$12.00 (Red)**

**T-shirt-\$15.00 (Grn)**

**T-shirt-\$15.00**

\_\_ 6T

\_\_ Small (6-8)

\_\_ Med (10-12)

\_\_ Youth Small

**(Med Blue)**

\_\_ Med (10-12)

\_\_ Youth Lg (14-16)

\_\_ Youth Med

\_\_ Youth

\_\_ Adult Small

\_\_ Youth Lg

\_\_ Youth Lg

\_\_ Adult Med

\_\_ Adult Small

\_\_ Adult Small

\_\_ Vest \$10

\_\_ Sparks Award

\_\_ Adult Med

\_\_ Adult Med

\_\_ Yearly Dues \$10

Display \$5

\_\_ Yearly Dues \$10

\_\_ Adult Lg

\_\_ Yearly Dues \$10

\_\_ Adult XLg

\_\_ 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 2016 until June 2017 unless sooner revoked in writing delivered to said agent.

Dated: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_