

AWANA Clubs Registration Form - Victory Baptist Church – 2018-19

Parent(s) _____ Email _____

Address _____ City _____ Zip _____

Dad's cell _____ Mom's cell _____

Church Member Yes No Name of Church _____

Child _____ Birthdate _____

Age _____ Grade _____ Club: **Puggles** **Cubbies** **Sparks** **T&T (3rd/4th)** **T&T (5th/6th)**

Uniform Size: _____ (See Cost Information sheet for uniform size)

\$ _____

Handbook: **Cubbies** **Sparks** - HangGlider (K) WingRunner (1st) SkyStormer (2nd)

T&T - 3rd grade 4th grade 5th grade 6th grade

\$ _____

Any medical concerns, food allergies, or information a leader needs to know? _____

Child _____ Birthdate _____

Age _____ Grade _____ Club: **Puggles** **Cubbies** **Sparks** **T&T (3rd/4th)** **T&T (5th/6th)**

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Any medical concerns, food allergies, or information a leader needs to know? _____

****PLEASE SIGN PERMISSION SLIP ON BACK OF THIS PAGE****

Family Total:

\$ _____

**Please read and sign the following, giving your child/children permission to participate in the AWANA activities, to receive first aid if needed, and give both photo and social media consent.*

I, _____ (Parent, Guardian), do hereby state that I am the parent and/or legal guardian having legal custody of my child/children

**Please initial each statement below:*

_____ I give consent for a responsible adult in the AWANA ministry of Victory Baptist Church to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child. I understand it is my responsibility to notify the classroom leaders, in writing, where I can be reached (if different from information on this form) in the event of an emergency.

_____ I give permission for my child to fully participate in AWANA activities at Victory Baptist Church. I agree, and do hereby waive and release all claims against Victory Baptist Church, staff, leadership or other persons engaged in such activities to hold them harmless from any and all liability relating to personal injury or illness that may be suffered by my child and any loss of property that may occur to my child.

By granting permission below, you are allowing the VBC AWANA ministry to publish individual and group pictures of your child/children. If names of children are used, only the first name would be published.

_____ I am the parent/guardian of the minors listed below. I have read this release before signing and I fully understand the contents, meaning, and impact of this consent. I hereby give permission for my child/children's photos to be used as a part of the VBC AWANA Ministry Facebook page, as well as other VBC social media sites.

_____ I am the parent/guardian of the minors listed below. I hereby do not give permission for my child/children's photos to be used as a part of the VBC AWANA Ministry Facebook page, as well as other VBC social media sites.

Parent(s)/Guardian(s) Printed Names:

Parent(s)/Guardian(s) Signature:

Number where parent can be reached during club time: _____

Date: _____

Children/Ages:

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Please like and follow our Facebook page: Victory Baptist AWANA Clubs

Victory Baptist Church, 88 Brand Road, Loganville, GA 770-466-4040

Pastor: Derik Lawrence pastor@victorybc.org

AWANA Commander: Lamar Birge birgelamar@gmail.com