

Circle one:

CUBBIES

4 yrs-K

SPARKS

1<sup>st</sup>-2<sup>nd</sup> Grade

T&T

3<sup>rd</sup>-5<sup>th</sup> Grade

TREK

6<sup>th</sup>-12<sup>th</sup> Grade



Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_

'18 - '19 Grade: \_\_\_\_

Gender: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Do you attend church? If so, where? \_\_\_\_\_

Has your child previously attended an Awana program? \_\_\_\_\_

Are you interested in volunteering for Awana? \_\_\_\_\_

Friends/Family Authorized for Pick-ups:

1.	_____	_____	_____
	Full Name	Relationship	Phone Number

2.	_____	_____	_____
	Full Name	Relationship	Phone Number

3.	_____	_____	_____
	Full Name	Relationship	Phone Number

4.	_____	_____	_____
	Full Name	Relationship	Phone Number



Atlantic Baptist Church  
4850 West Atlantic Blvd  
Margate, FL 33063

**ATLANTIC BAPTIST CHURCH**  
**Awana Clubs**  
**Medical Release/Permission Slip**

Child's Name \_\_\_\_\_

1) I hereby give permission for my child to participate in the activities of the AWANA CLUBS. I understand that my child will take part 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 Atlantic Baptist Church and any persons involved in the AWANA Ministry.

2) In the event of an emergency that requires medical treatment for the above-named child, I understand that every effort will be made to contact me. However, if I cannot be reached, I give 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 cost connected to any accident or treatment of my child.

3) I grant permission for my child photo to be use for church use only (bulletin boards, newsletters, bulletin inserts, slideshows, and possibly our website.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical and Contact Information**

Does your child have any of the following?

Allergies \_\_\_\_\_ Chronic illnesses \_\_\_\_\_ Physical limitations or any other conditions \_\_\_\_\_

Please Specify \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please attempt to contact the following person if the parent/guardian is not available.

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_



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