AWANA Club Registration Form

Calvary Baptist Church

Club Year 2019-2020

Parent/Guardian Signature

PO Box 2434 Rapid City, SD 57709 www.calvarybaptistrc.com

PLEASE PRIN	IT
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Parent/Guardian				Home Phone	Cell Phone		
Address				Email			
City State Zipcode				Family Church			
Persons Other than Parents Authorized to Pick Up Children				Emergency Contact & Phone Number			
					Need Book □	Need Uniform □	
Name (Nickname)	Birth Date	Gender	Grade	Club			
Name (Nickname)	Birth Date	Gender	Grade	Club	Need Book 🗆	Need Uniform □	
	Did D				Need Book □	Need Uniform □	
Name (Nickname)	Birth Date	Gender	Grade	Club	N 15 15	N III if \square	
Name (Nickname)	Birth Date	Gender	Grade	Club	Need Book 🗆	Need Uniform □	
No con (NP do con a)	D'al-Data	Contra	C I.	CL I	Need Book 🗆	Need Uniform □	
Name (Nickname)	Birth Date	Gender	Grade	Club			
I AM INTERESTED IN HELPIN NOTE: All AWANA Club Lea	,	Every Other V bmit to a backgrou			or Special Events □ 's Child Protection Policie	s and Procedures.	
	PAR	_	MENT OF (COOPERATION d sign)			
1. I understand my child(ren injury. I fully accept this risk				=			
2. In the event of an emerge listed emergency contact. H to provide the care necessar	lowever, if I/we cannot be	reached, I give my	permission to	the AWANA volunteers	to secure the services of	a licensed physician	
3. Publication Release: This the form of advertising on oupublish names or personal in	ur church website and othe						
4. I grant permission for my beforehand.		AWANA Club eve	ents with an ad	ult leader. Any such ev	ents will be clearly commu	unicated with me	

Date