AWANA Club Registration Form

Club Year 2023-2024

Calvary Baptist Church

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

PLEASE PRINT

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		N 15 1 5 N 10 %	
Name (Nickname)		Birth Date Gender	Grade	Club		Need Book Need Uniform	
Name (Nickname)		Birth Date Gender	Grade	Club		Need Book Need Uniform	
Name (Nickname)		Birth Date Gender	Grade	Club		Need Book Need Uniform	
Ivalile (IVICKIIailie)		Birtii Date Gender	Grade	Club		Need Book □ Need Uniform □	
Name (Nickname)		Birth Date Gender	Grade	Club		Need Book Need Official	
Clubber Doctor Name & Phone Num			ımber	Allergies	s/Special Needs		
I AM INTERESTED IN HEL NOTE: All AWANA Club L					cial Events □ follow Calvary's Child Prot	ection Policies and Procedures.	
		PARENTA	AL STATEMI (Please read c		COOPERATION		
I understand my child(r this risk and hold harmles			h as those held	during Gan	ne Time. As with any phys	sical activity, there is a risk of injury. I fully accep finistry.	
	vever, if I/we canno	t be reached, I give my pe	rmission to the	AWANA vo	lunteers to secure the ser	t will be made to contact me or the listed vices of a licensed physician to provide the care l.	
						blish photos of my child(ren) in the form of a. Calvary will not publish names or personal	
4. I grant permission for r	my child(ren) to tra	vel to/from AWANA Club	events with an a	adult leade	r. Any such events will be	clearly communicated with me beforehand.	
Parent/Guardian Signatur	re				 Date		