



**First Baptist Church  
Calvert City  
2020-2021 Club Year**

**AWANA Registration Form - \$10 per semester per student  
- \$20 a year per student**

- Date \_\_\_\_\_
1. **Child's name** (please print) \_\_\_\_\_  Girl  Boy  
Grade \_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_ Reg Fee  Paid Amount Paid \_\_\_\_\_ Date \_\_\_\_\_
  2. **Child's name** (please print) \_\_\_\_\_  Girl  Boy  
Grade \_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_ Reg Fee  Paid Amount Paid \_\_\_\_\_ Date \_\_\_\_\_
  3. **Child's name** (please print) \_\_\_\_\_  Girl  Boy  
Grade \_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_ Reg Fee  Paid Amount Paid \_\_\_\_\_ Date \_\_\_\_\_
  4. **Child's name** (please print) \_\_\_\_\_  Girl  Boy  
Grade \_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_ Reg Fee  Paid Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Address** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Names of Parents or guardian** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** (for contact during club time) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Church child(ren) attends, if any \_\_\_\_\_ Brought to AWANA by \_\_\_\_\_

**AWANA Club Activity Permit**

I give my permission for my above named child(ren) to participate in AWANA activities for the 2020-2021 school year. While expecting the AWANA staff to look after the safety of my child(ren), I hereby release them and First Baptist Church Calvert City from liability for any injury or illness that my child(ren) may sustain during club meeting and/or additional AWANA-sponsored activities.

I authorize the adult staff of the AWANA clubs to obtain whatever emergency medical attention might be necessary for the above-named child(ren) in the event I cannot be reached.

\_\_\_\_\_  
(Signature of parent or guardian) Date \_\_\_\_\_

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

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Special medical concerns \_\_\_\_\_