



Registration Form

(for all club meetings and AWANA outings)

First Baptist Church of La Plata | 301-934-9400

Club

Sparks (grades K-2)

T&T (grades 3-6)

Transfer from _____ AWANA Club. Please provide documentation of completed books
(Name of Church)

Parent/Legal Guardian Name:		Cell Phone:	
Parent/Legal Guardian Name:		Cell Phone:	
Home Address:			
City, State Zip:			
Primary Email:			
Second Email (optional):			

In the event a parent or guardian cannot be reached in the case of an emergency, please contact:

Name:		Phone Number:		Relationship:	
Name:		Phone Number:		Relationship:	

Child Registration:

Child One						Grade (Sparks)	Grade (T&T)
Name:		Birth Date:		Gender:	M F	K 1 st 2 nd	3 rd 4 th 5 th 6 th
Name of School (or homeschooled):							
List any food allergies or health concerns:							
Describe any behavioral or custody concerns:							
If previously enrolled in Awana clubs, last book award earned (Sparks and above):							

Child Two						Grade (Sparks)	Grade (T&T)
Name:		Birth Date:		Gender:	M F	K 1 st 2 nd	3 rd 4 th 5 th 6 th
Name of School (or homeschooled):							
List any food allergies or health concerns:							
Describe any behavioral or custody concerns:							
If previously enrolled in Awana clubs, last book award earned (Sparks and above):							

Child Three						Grade (Sparks)	Grade (T&T)
Name:		Birth Date:		Gender:	M F	K 1 st 2 nd	3 rd 4 th 5 th 6 th
Name of School (or homeschooled):							
List any food allergies or health concerns:							
Describe any behavioral or custody concerns:							
If previously enrolled in Awana clubs, last book award earned (Sparks and above):							

Child Four						Grade (Sparks)	Grade (T&T)
Name:		Birth Date:		Gender:	M F	K 1 st 2 nd	3 rd 4 th 5 th 6 th
Name of School (or homeschooled):							
List any food allergies or health concerns:							
Describe any behavioral or custody concerns:							
If previously enrolled in Awana clubs, last book award earned (Sparks and above):							

Emergency Medical Treatment Consent:

I, _____ do hereby state that I am a parent and/or legal guardian of the above listed minor child(ren) to be enrolled in Awana. **Medical release:** If my child should become ill or injured during any AWANA activity I understand that the First Baptist Church of La Plata will immediately contact me or the designated emergency contact persons. If illness or injury is deemed an emergency by the church or AWANA personnel, I authorize the First Baptist Church of La Plata to contact 911 first, and then contact me or designated emergency contact persons. In the event all contacts are unreachable, the church is authorized to arrange immediate emergency treatment for the above listed child(ren). In such instance I freely and voluntarily accept full responsibility for payment of any and all medical services rendered and costs incurred on behalf of my child(ren). I further consent to the authorization of first aid necessitated by illness or injury resulting from my child's participation in AWANA. I understand it is my responsibility to notify the classroom leaders where/how I can be reached in case of emergency

Photograph, Audio, and Video Permissions

I give permission for any representative of the First Baptist Church of La Plata to take photographs and/or videos of my child and to use and reproduce the photos and/or videos in all forms of media for educational, reporting, and other non-profit purposes. I hereby release the First Baptist Church of La Plata and its staff, agents, members, and parents from any claims relating to the use and/or reproductions of these photos and videos

Release of Liability

I understand that my child(ren) will be involved in physical activity as in Game Time. As with any activity, there is a risk of injury. I fully accept this risk and hold harmless any legal liability against the First Baptist Church of La Plata and any other persons involved in the AWANA Club Ministry

Contact Authorization

May we text you when we have weather-related cancellations or reminders about AWANA? Yes No
If yes, cell phone to contact: _____

Agreement and Signature

I have read all the information on this form and give consent for my child(ren) to attend the AWANA program sponsored by the First Baptist Church of La Plata for the current school year.

Parent/Guardian Signature:

Date: _____