



First Baptist Church Whitewright

Date: _____

Child's Name: _____

Male Female

Address: _____

City: _____ State: _____ Zip _____

Birthdate: _____ Age: _____ Grade: _____

(As of Sept. 1)

Allergies: _____

Siblings (Name/Age) _____

Shirt Size: YS__ YM__ YL__ YXL__ AS__ AM__ AL__ AXL__

Parent/Guardian's Names: _____

Email: _____ Home Phone _____

Cell Phone: _____ (Parent/Guardian) _____

Cell Phone: _____ (parent/Guardian) _____

How would you like to be contacted if needed? Call Cell Text Cell Other _____

Church You Attend: _____

Emergency Contact Name: _____ **Phone:** _____

Name: _____ Phone: _____

The following have permission to pick up my child: _____

The following **does not** have permission to pick up my child: _____

My child may walk home: Yes No

FIRST WHITEWRIGHT

1) I understand that my child may be involved in physical activity during Game time. As with any activity, there is a risk of injury. I fully accept this risk and hold harmless against any legal liability, First Baptist Church Whitewright and any persons involved in the Awana clubs ministry.

2) In the event that an emergency requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission for First Baptist Church Whitewright volunteers to secure the services of emergency medical help necessary for my child's well being. I assume all responsibility for the costs of any accident and any treatment.

3) I give permission for my child to be photographed or videoed in order to promote Awana Clubs on our website and in church. Yes No

I have read and agreed to the above terms and conditions.

Parent/Guardian _____

Date _____

Cubbies: 4's

Sparks: K 1st 2nd

T & T: 3rd 4th 5th