

Awana Clubber Registration**JBC Awana Clubs****2472 Quincy St****Club Year: 2025-2026****Hudsonville, MI 49426-8448**

Please complete and sign in this form. You may use the back side if you require more space. If you grant permission for us to send text message/emails, please provide accurate information, so that we can contact you.

Parent Name(s): _____ Cell Phone: _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Home Church: _____ Work Phone: _____
Emergency Contact: * _____
Persons (other than parents) authorized to pick up the children: _____

<u>Child's First and Last Name:</u>	<u>Nickname:</u>	<u>DOB:</u>	<u>Gender:</u>	<u>Grade:</u>	<u>School:</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>Child:</u>	<u>Dr. Name & Phone:</u>	<u>Dentist Name:</u>	<u>Last TD Shot:</u>	<u>Allergies/Meds/ Special Needs</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am interested in helping: _____ Weekly _____ Every other week _____ Monthly _____ For Special Events

Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

Terms and Conditions

1. I understand that my child/children may participate in physical activities such as those held during Game Time. As with physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability. Jamestown Baptist Church and any persons involved in the Awana Club ministry.
2. In the event of an emergency that requires medical treatment for the above-named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos if there is no identifying information shown.
4. I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above:

X _____
Signature of Parent/Guardian

Date