



Registration
Spring 2009

More than one child may be registered on this page if living at the same address.

Name	DOB	School Grade
Name	DOB	School Grade
Name	DOB	School Grade
Name	DOB	School Grade
Name	DOB	School Grade

Street Address: _____

City: _____ State: TN Zip: _____

Parents or Guardian: _____

Home Phone: _____ Alternative Phone: _____

Does child/ren have a special need or disability? _____

Is child/ren in a specialized classroom in school or receiving special services in class? _____

List any food allergies, health or behavioral concerns: _____



Consent Form

I, _____, do hereby state that I am the (a) parent and/or legal guardian of the above mentioned child/ren, minor(s). I give consent for a responsible adult at the AWANA ministry at Fellowship Baptist Church to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: reasonable effort has been made to find me at the church, at home or via the emergency numbers provided.

Parent/Guardian Signature

Date

Release Form for Use of Personal Images (Pictures/Videos)

From time to time during the club year, videos, photographs and/or slides will be taken of our Clubbers. These will be used for publicity purposes only.

Your signature below grants permission for Fellowship Baptist Church to use videos, photographs, and/or slides of your child for publicity purposes and/or publishing to our website.

Parent/Guardian Signature

Date