



Faith Baptist Church LaGrange, GA

AWANA REGISTRATION, MEDICAL AND PERMISSION SLIP FOR ACTIVITY

Please print clearly:

Name: \_\_\_\_\_ (Circle) Boy Girl

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Parent's/ Guardian's Name: \_\_\_\_\_

Child is brought by \_\_\_\_\_

Club:  
Puggles  
Cabbies  
Sparks  
T&T

Terms & Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Faith 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 my 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 among other general photos as long as there is no identifying information shown.
4) I grant my 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.
5) PUGGLES specific only: As a parent or legal guardian of a child in Puggles, I (or my spouse) will be on FBC campus at all times during club night. I will make known of my whereabouts to the Puggles Leaders.

\_\_\_\_\_ Drug Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Insect Allergies
\_\_\_\_\_ Nervous Disorders \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy/ Seizures \_\_\_\_\_ Food Allergies
\_\_\_\_\_ Heart Problems \_\_\_\_\_ Physical Disorders \_\_\_\_\_ Emotional Disorders \_\_\_\_\_ Other

If you have checked any of the above, please give specific details and /or instructions:

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_
Signature of parent(s)/guardian

\_\_\_\_\_
Date