

Awana Clubber Registration

Milton SDB Awana

Club Year: 2016-2017

- Please Print -

720 E. Madison Ave.
Milton, WI 53563

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	E-Mail: _____	_____
City: _____ State: _____ Zip: _____	Home Phone: _____	_____
Home Church: _____	Work Phone: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
	Emergency*: _____	_____

* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</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"/>

Please list important medical information for each child below: (allergies, medications, special needs, etc.)

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

Note: All Awana Club volunteers must complete the Milton Seventh Day Baptist Safety in Ministry requirements before working with children.

Terms and Conditions

- 1.) I understand that my children may participate in physical activities such as, but not limited to, 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, the Milton Seventh Day Baptist Church and any persons involved in the Awana Club ministry.
- 2.) In the event of any emergency that requires medical treatment for the above named 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 understand that at this Awana club or other Awana related events, my children may be photographed. I agree to allow my children's photo, video or film likeness to be used for any legitimate purpose by the club, leaders, organizers or church members, including but not limited to social media and newspapers. When an identification is made, only the first name of the child will be used unless a parent is notified otherwise.
- 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

Office Use

Secretary notes: