



# Registration 2023-2024

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ CLUB \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian(1) name: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian(2) name: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Email: \_\_\_\_\_

Do you regularly attend church? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

How did you find out about our Awana Club? \_\_\_\_\_

Please check what awards, if any, your child has previously received from Awana:

\_\_\_\_ Sparky Plaque \_\_\_\_ Alpha \_\_\_\_ Excellence \_\_\_\_ Challenge \_\_\_\_ Timothy \_\_\_\_ Meritorious

## EMERGENCY/MEDICAL INFORMATION

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Specific Food or medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Health Insurer Provider: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

*The church is sensitive to the privacy interests of children and their parents. The church will share health information about a child with children's ministry workers and church staff on a "need to know" basis. The church will also comply with any federal, state, or local law that requires reporting of health information to regulatory authorities and will otherwise release information as required by law.*

(Awana Registration, Continued)

## AWANA ACTIVITY/MEDICAL RELEASE

As a parent / guardian of \_\_\_\_\_, I do herewith give permission to participate in Faith Baptist Church AWANA activities from **September 2023 through June 2024**. I do herewith authorize treatment under the direction of any licensed physician of the named minor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church and leaders of Faith Baptist Church, Winfield, IL from any liability therefore.

Parent/Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances.*

## AWANA PHOTOGRAPHY RELEASE

As parent/guardian of this child, I give permission for any photos taken by Faith Baptist Church to be used for internal church publications and multi-media presentations as well as on the church website. I understand that, for safety purposes, names will not accompany any photos used by Faith Baptist Church. ☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTAGIOUS DISEASE POLICY

Children's ministry workers consider the well being of your child a sacred trust. In the best interest of children and workers, we request that individuals with contagious illnesses or potentially contagious illnesses, whether they are children or ministry workers, refrain from participating in children's ministry area at the church.

Symptoms include:

- Fever above 100 degrees taken orally (must be normal for 24 hours before participating)
- Discharge from ears or eyes
- Skin lesions that blister
- Undiagnosed rashes
- Vomiting or diarrhea lasting several hours during the past 24 hours
- Excessive signs of cold, tiredness, sore throat, runny nose, sneezing, or coughing
- Any contagious illness
- Any COVID-19 symptom

As parent/guardian of this child, I understand and will abide by this policy: ☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

