

# Registration Form for 2023/2024 Awana Clubs at Temple Hill Baptist Church

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Church: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(We will mainly be communicating through email, information concerning our club and THBC throughout the year)

\*Person(s) to whom child(ren) should **NOT** be released with: \_\_\_\_\_

## **Emergency Information**

Emergency Contact (if parent cannot be reached)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

As parents and/or guardian, I herewith authorize treatment under the direction of any licensed physician of the following minor (s) 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 Temple Hill Church of any liability therefore. I also understand that ALL medications will be reported to the designated sponsor prior to departure including dosage and frequency of use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature

## **Photo Release**

I understand that photographs, sound recordings, and/or video recordings of my child(ren) may be taken during Temple Hill Baptist Church events, and that this material may be published or displayed in nonprofit publications (including website, photos, videos, Facebook, brochures etc.) without limitation, reservation, or compensation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents/Guardian Signature

**\*\*See other side for Child(ren) information sheet\*\***

## Child Information

Please use the following to determine which club your child will be entering.

**Cubbies:** ages 3- pre K (co-ed - your child MUST be fully potty trained to participate)

**Sparks:** grades K-2nd

**Truth and Training:** grades 3rd-6th

Child #1 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade	Club	Years Dues \$15	Book \$5	Club Uniform \$5

Specific medical allergies, chronic illnesses, or other conditions:

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Child #2 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade	Club	Years Dues \$15	Book \$5	Club Uniform \$5

Specific medical allergies, chronic illnesses, or other conditions:

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Child #3 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade	Club	Years Dues \$free	Book \$5	Club Uniform \$5
						X		

Specific medical allergies, chronic illnesses, or other conditions:

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Child #4 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade	Club	Years Dues \$free	Book \$5	Club Uniform \$5
						X		

Specific medical allergies, chronic illnesses, or other conditions:

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Thank you for allowing us the blessing of working with your children during Awana. Please make any checks **payable to** Temple Hill Baptist Church (THBC is fine).

Please make sure this registration form is **completely filled** out and then turned in at the **Registration Table**.