



First Baptist Church of Toulon
 110 W. Jefferson Toulon, IL 61483
 Phone: (309) 286-4611
 Website: www.ToulonBaptist.com
 Email: al@fbctoulon.com

- Cubbies (Pre-K)
- Sparks (K-2nd)
- T&T (3rd-6th)

2016-2017 Registration Short Form

Please use long form if you need to explain individual children's special needs.

Clubber's Name(s)	Birth Date	Age	Grade	Male/Female

Name of Parent(s)/Guardian(s): _____

Street Address: _____

City: _____ Zip: _____

Home Telephone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address: _____

Church home _____

Allergies/Medications? NO ___ YES ___ (please explain) _____

Do you give permission for your child(ren) to leave the church without a parent/guardian to walk (or otherwise) get home once AWANA Club has come to a close? NO ___ YES (please initial) _____

Who may pick up your child(ren) other than you?

Name: _____ Relationship to child(ren): _____ Contact # _____

Name: _____ Relationship to child(ren): _____ Contact # _____

Name: _____ Relationship to child(ren): _____ Contact # _____

We want every Clubber to be able to fully participate in every aspect of the AWANA experience, so, if there are financial circumstances that would prevent this, please talk to the Commander, Howard Harmon, or Pastor Al Harmon.

PLEASE TURN TO BACK TO COMPLETE REGISTRATION FORM!

FOR SECRETARIAL USE ONLY

Yearly dues are \$30 per clubber. You may pay \$1/week throughout the AWANA Club year or pay in full at registration.

Please make checks payable to "First Baptist Church of Toulon," put "AWANA" in the memo section.

Paid Dues: Date: _____ Amount Paid: _____ Paid by Check # _____ or Cash _____

TERMS and CONDITIONS

- 1) I understand that my child(ren) 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 First 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 and below child(ren), I understand every effort will be made to contact me or my emergency contact(s). However, if I/we cannot be reached, I give permission to the AWANA volunteers to use the medical information, I have provided below, in securing the services necessary in caring for my child(ren)'s well being. I assume responsibility for all cost connected to any accident or treatment of my child(ren).

- 3) I grant permission for photo(s) and/or video(s) of my child(ren) to appear among other general club photos or for submissions to local newspapers.

- 4) I grant permission for my child(ren) to travel to/from AWANA Club events with an adult leader. Any such event will be clearly communicated with me beforehand. I understand they may take them to the park here in Toulon as a part of the games activity without notice.

I have read and agree to the Terms and Conditions stated above.

Signature of Parent/Guardian _____
Date

MEDICAL RELEASE FORM

I hereby give my consent to administer necessary treatment to my child(ren), _____, in the event of an emergency in which time I cannot be reached. I give my consent to transport by car or ambulance if the situation warrants. I understand that the ambulance and any other incurring costs will be at my expense.

Signature of Parent/Guardian _____
Date

Physician: _____ Physician's Phone Number: _____

Insured's Designated Hospital: _____

Insurance Company Covering Child(ren):

Policy Number: _____

Policy Holder Name: _____ Expiration Date: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name Relationship to Child(ren) Contact Number

Emergency Contact Name Relationship to Child(ren) Contact Number

Do the above Emergency Contacts have permission to pick up your child(ren) from AWANA Club? NO _____ YES _____

Signature of Parent/Guardian _____
Date