



# Cubbies Awana Clubs™

## Child's Registration

Last Name: \_\_\_\_\_ First/NickName: \_\_\_\_\_

Birth date \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone \_\_\_\_\_ Subdivision: \_\_\_\_\_

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

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

Allergies \_\_\_\_\_

Parents Location: \_\_\_\_\_

Other Persons authorized to pick up child: \_\_\_\_\_

Special information about child: \_\_\_\_\_

**MEDICAL RELEASE FORM:** I, the undersigned parent or guardian of the above participant, a minor, do hereby authorize any employee, volunteer or other representative of Old Fort Baptist Church, as agents for the undersigned, to consent to medical care as needed or to take whatever action deemed necessary with regards to medical treatment by a licensed nurse, physician and/or clinic or hospital. In the event of any emergency, I understand that the appropriate measures will be taken to make sure that I am notified.

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

In the event that I cannot be reached please contact:

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDIA CONSENT:** I am the legal parent or guardian of the child named above. I hereby give permission for my child to be photographed participating in activities with Old Fort Baptist Church. I hereby give my permission for these photographs to be used in promotional materials for Old Fort Baptist Church in such items as media presentations, brochures, fliers, bulletin boards and church websites.

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

Vest Size: L XL

Fees Paid \_\_\_\_\_

