



SBF 2019 - 2020 AWANA Registration:

Child's Name (form for each child): _____

Mailing Address: _____

City, State, Zip: _____

Birthdate: _____ Grade in School: _____

Phone: _____ Cell: _____ Other: _____

Email: _____

Parents/Guardians: _____

Home Church: _____

Who is allowed to pick up your child: _____

Allergies/Important Health Information: _____

Permission:

I (parent/guardian) hereby authorize Southside Bible Fellowship AWANA leaders to administer first aid, and to obtain and consent to, on my behalf, any emergency first aid or medical care by any physician or hospital for my child listed above. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

I also _____ give/_____ do not give permission for images of my child to be used by Southside Bible Fellowship and/or AWANA on the internet or other media.

Signature/Date: _____

**** Registration fee is \$15 per Clubber, with a maximum of \$45 per family.**

No child will be turned away due to lack of funds. Please talk to the AWANA Commanders (Rick or Beth Bower).