



First Baptist Church of Waldoboro
 71 Grace Avenue
 Waldoboro, Maine 04572
 (207) 832-7659
 www.fbcwaldoboro.org

Club year 2021-2022

Salvation Date: _____

Child's Name _____ AWANA Club (circle one) Cubbies Sparks (K-2) T&T (3-4) (5-6)

Birthdate ____/____/____ Age ____ Grade ____ Shirt size _____

Address _____ City _____ State _____ Zip Code _____

Mother _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell/Business Phone (____) _____ - _____

Email Address: _____

Father _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell/Business Phone (____) _____ - _____

Email Address: _____

Emergency contact (____) _____ Home Phone (____) _____ Cell (____) _____

Address _____ City _____ State _____ Zip Code _____

Emergency contact _____ Home Phone (____) _____ Cell (____) _____

Address _____ City _____ State _____ Zip Code _____

Do you have a church home? Yes ____ No ____ If yes, name of church _____

A registration fee of \$10.00 by cash or check is due upon registration of your child. If you are unable to pay for any reason, please see Ronnie Frazier to discuss scholarship options.

Allergies: _____

Current Medications: _____

Medical conditions/Other: _____

Primary Care Physician: _____ Phone: (____) _____

Insurance Carrier: _____ ID/Group # _____

Phone (____) _____ Preferred Hospital: _____

OVER

CONSENT AND MEDICAL RELEASE FOR CHURCH ACTIVITIES

I give permission for my child to participate in AWANA activities. In case of emergency, I authorize said adult leader (over 21 years of age) to act as my agent and to follow the procedure as listed below:

Time and situation permitting, to make reasonable attempts to contact myself or our named agents. When I or my agents cannot be contacted, the adult leader is to act on our behalf. Time and situation permitting, to contact the named medical doctor or hospital. I authorize the adult leader to consent for any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care which is recommended by any licensed physician or surgeon for my child. I understand that incomplete information above could delay my child from receiving needed medical attention. _____ (initials)

SIGNATURE OF LEGAL GUARDIAN _____ DATE ____/____/____

PARENTAL PERMISSION FORM AND HOLD HARMLESS AGREEMENT

We, _____ and _____, of _____, Maine, the parents/guardians of _____, hereby give permission for our child to participate in all AWANA sponsored events from September 2021 – August 2022 sponsored by the First Baptist Church, Waldoboro, Maine, and to participate in all activities in connection with the AWANA program held at FBC. In consideration of the Church's allowing our child to participate in these activities, we hereby disclaim, release, and agree to hold the Church, its pastors, elders, deacons, staff, members, and volunteers (hereinafter collectively referred to as "the Sponsors") harmless from any liability to us, to our child, or to any other person or entity as a result of any personal injury to our child during these activities. We specifically disclaim, release, and agree to hold the Sponsors harmless from any liability for any injuries to our child caused by their negligence. Notwithstanding, anything stated in this document, I don't waive any claims to the extent of any available liability insurance coverage.

Parent/Guardian signature _____ Date ____/____/____

PICTURE AND VIDEO PARENTAL PERMISSION FORM

Do you give permission for your child to be **photographed** and can that photo be used for church purposes? (i.e. church website, bulletin boards, posters, flyers, church video, or slide shows)

(Please circle one) Yes No

Do you give permission for your child to be **video taped** and can that video be used for church purposes? (i.e. church website, church worship service, or other church events)

(Please circle one) Yes No

PLEASE NOTE: Any picture or video shown at the 10:00 a.m. service on Sunday mornings will be broadcasted on the World Wide Web via our website.

Child's Name _____

Parent/Guardian signature _____ Date ____/____/____