

AWANA Clubber Registration Form
Club Year 2026-2027

--- Please Print ---

Winn's Baptist Church
12320 Winns Church Road
Glen Allen, VA 23059

Parent/ Guardian:

Name(s): _____

Home Phone: _____

Address: _____

City, State & Zip: _____

Cell Phone: _____

Home Church: _____

E-mail: _____

Person(s) authorized to pick up children:

Other: _____

Emergency Name & #: _____
(During AWANA Club)

Child's First and Last Name

Nickname

Birthdate

Gender

Grade

School

Club	Uniform	Handbook	Bags (Optional)	Subtotal
Cubbies (3yr/ 4 yr)	Vest \$14.00	Handbook \$12.00	Bag \$10.00	
Sparks (K - 2nd)	Vest \$14.00	Handbook \$12,00	Bag \$10.00	
T&T (3rd - 6th)	Shirt \$19.00	Handbook \$12,00	Bag \$18.00	

Terms and Conditions

TOTAL: _____

1) I understand that my child/children 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, Winn's Baptist Church and any persons involved in the AWANA Club ministry.

Office Use Only:
Uniform _____
Book _____
Bag _____

2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

Total Due _____
Amt Paid _____
Ck # or Cash _____

3) I give permission for photo(s) of my child to appear among other general Club photos as long as there is no identifying information shown.

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

X _____
Signature of Parent Guardian Date

*** PLEASE COMPLETE BOTH SIDES OF THIS FORM ***

AWANA

MEDICAL EMERGENCY CARE INFORMATION FORM

As parent or guardian of the named child/ children, I hereby give my consent to administer necessary medical treatment by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger the life of my child, cause disfigurement, physical impairment or undue discomfort, if delayed. I give my consent to transport by ambulance if the situation warrants such action. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered and thus releases Winn's Baptist Church and AWANA Clubs International from this liability.

Note that this consent will be exercised only after a reasonable effort has been made to contact the parent or guardian and emergency contact person.

(Child/ Children's Names)

Signature of Parent/ Guardian

Date

Print Parent/ Guardian's Name

MEDICAL INFORMATION

Name of Physician: _____

Physician Phone Number: _____

Insured Designated Hospital: _____

Insurance Company Covering Child: _____

Group Number/ ID Number: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____