



Craigs Baptist Church
14123 W. Catharpin Road
Spotsylvania, VA 22551
(540) 854-5284

AWANA CLUBS FAMILY REGISTRATION

Parent/Guardian name(s): _____

Parent/Guardian phone #(s): _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Alt. Phone: _____

In case of emergency (alternate contact than parent) the church should contact:

Name: _____

Phone#: _____ Relationship to child: _____

Other individuals that are authorized to pick your child up:

Name: _____ Phone #: _____

Medical/ Photography Release:

In the event of an emergency that requires medical treatment for my child, I understand that every effort will be made to contact me or my alternate emergency contact. However, if I/we cannot be reached, I give my permission to Craigs Baptist Church staff / volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I agree to assume responsibility for all costs associated with any accident or medical treatment of my child. I also understand that photographs and video footage of my child may be taken for promotional and informational purposes. I give permission for video and/or photos of my child to appear among other general club photos. Personal information about my child will not be listed with these photographs or videos.

Parent/Guardian signature: _____

Child's name: _____ Paid: _____ R / U / HB

Child's birthdate: ____/____/____ Age: ____ Allergies: _____

Has your child attended AWANA before? Yes / No Shirt/Vest Size: _____

Which Club is the appropriate age group for your child? Please circle one:

A. Puggles (2-3yr olds) B. Cubbies (4yr old – Pre-K) C. Sparks (K-2nd grade)

D. Truth & Training (3rd – 6th) E. Teen (7th and up)

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