



AWANA Registration 2020-2021
 Castleford First Baptist Church
 208-308-6825
 www.fbcford.com



First Name _____ Last Name _____

Age _____ Grade _____ Birthdate ____/____/____

Physical Address _____ City _____

Mailing Address [Same] _____ Zip _____

Church you attend (if any) : _____

Allergies, Medical or Psychological Conditions, or Prescription Medications (additional space on back):

Primary Physician: _____ Phone _____

Emergency Contact:

Parent/Guardian 1: _____

Phone # _____ Alt Phone # _____

Email: _____

Parent/Guardian 2: _____

Phone # _____ Alt Phone # _____

Email: _____

Permission, Medical, and Liability Release

As a parent/guardian, I give my consent for the above child to participate in the AWANA program and all of its associated activities. I understand that my child will be required to follow all rules and guidelines, conduct themselves in an appropriate and safe manner, and cooperate with all leadership and their directives. Should my child refuse to do so, I agree to pick them up immediately and acknowledge that they may not be permitted to return to the program.

I understand all reasonable effort will be made to insure the safety of my child during their participation in this program, but that there is inherent risk in all activities including contraction of contagious disease, infection, or bacteria.

As the parent/guardian, I give my consent for the above student to participate in the program and its events.

I further release Castleford First Baptist Church of liability for the aforementioned risks or in the event of an accident during the normal procedure of the program.

I authorize treatment under the direction of a licensed physician or emergency medical worker of the above minor in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his or her life, cause disfiguration, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed above.

 Parent/Guardian Signature:

 Date

In order to maintain a safe environment for all our students, participating young people will be checked-in and out of all AWANA Club meetings and activities. SPARKS (K-2) must be signed out by a responsible party inside the Castleford Community Center gym. T&T (3-6) must be signed out by a responsible party inside the church.

Please note persons, other than the parent/guardians, authorized to pick-up your child:

Please contact us to authorize other parties as may become necessary.

My child is authorized to sign themselves out and walk home: _____
Guardian's Initials