

**MEETS EVERY
WEDNESDAY
6:30 PM – 7:50 PM
(SEPT. 26 – APRIL 24)**



2018-2019

CHILD #1 First Name: _____ Last Name: _____ Date of Birth: ___/___/___ Age: ___ M/F
School: _____ Grade: ___ Allergies: _____
Club (please circle): **Cubbies** (4-PreK) **Sparks** (K-2 grade) **T&T Girls** (3-6 grade) **T&T Boys** (3-6 grade)

CHILD #2 First Name: _____ Last Name: _____ Date of Birth: ___/___/___ Age: ___ M/F
School: _____ Grade: ___ Allergies: _____
Club (please circle): **Cubbies** (4-PreK) **Sparks** (K-2 grade) **T&T Girls** (3-6 grade) **T&T Boys** (3-6 grade)

CHILD #3 First Name: _____ Last Name: _____ Date of Birth: ___/___/___ Age: ___ M/F
School: _____ Grade: ___ Allergies: _____
Club (please circle): **Cubbies** (4-PreK) **Sparks** (K-2 grade) **T&T Girls** (3-6 grade) **T&T Boys** (3-6 grade)

MEDICAL RELEASE FORM

All precautions will be taken to prevent accidents. Simple First Aid will be administered to all minor injuries and parents and/or doctors are called when necessary. In consideration of and part of a right I hereby release, indemnify and hold Bethany Baptist Church and their staff, volunteers or representatives harmless of any and all liability including claims of negligence, and causes of actions arising out of or in any way connected with my child's participation in this activity(ies).

This release is valid in respect to such programs and fully understood. This release is valid any and all days myself and/or my child(ren) are enrolled in Bethany Baptist Church Programs.

I have read this release in its entirety and understand its meaning. Being fully informed as to these risks, I agree to its terms and hereby consent to the minor(s) participating in the activity(ies).

Signature: _____ Date: ___ / ___ / ___

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Insurance Company: _____ Group #: _____

FAMILY INFORMATION

Mother's Name: _____

Father's Name: _____

Address: _____

Children live with:

Address: _____

City: _____ Zip: _____

Parents

City: _____ Zip: _____

Mother

Cell Phone: _____

Father

Cell Phone: _____

Other

Email: _____

Email: _____

Church?: _____

Church?: _____

AUTHORIZED ADULTS TO PICK-UP CHILD(REN):

PHOTO PERMISSION

I give permission for my child's photos to be used by Bethany Baptist Church in church related resources and publications.

Signature of Parent/Guardian

Date

NON-Bethany Baptist Families: \$60.00* PER CHILD / \$120.00 MAX. PER FAMILY
BBC Families & Volunteer Families: \$40.00* PER CHILD / \$80.00 MAX. PER FAMILY

(*Price includes books & uniforms)

Checks payable to Bethany Baptist Church

Partial Scholarships may be available - See AWANA Commander

IN ORDER TO PROVIDE A QUALITY PROGRAM, NUMBERS MAY BE LIMITED. WE APOLOGIZE FOR THE INCONVENIENCE.