



Registration Form

Cost: \$25 per child with maximum of \$40 per family. Fee covers all materials from September through May.

Amt Pd \$ _____

Form of Pmt: Cash/Check

No child will be turned away for inability to pay.

Parent/Guardian's Information:

Name

Home Phone

Address

Cell Phone

City State Zip

Work Phone

Church Attendance (if any)

Email

Name of other person authorized to pick up child/children

Emergency Contact Phone

Child's First & Last Name	Date of Birth	Gender	Grade	Cubbies 4 & 5 years	Sparks K-2 nd	T & T 3 rd -6 th	Handbook Y or N
1.							
2.							
3.							
4.							
5.							

Medical and Allergy Information			
Child's Name	Current Immunization	Allergies	Medications
1.	Y or N		
2.	Y or N		
3.	Y or N		
4.	Y or N		
5.	Y or N		

RELEASE OF LIABILITY, PHOTO RELEASE AND CONSENT TO MEDICAL TREATMENT

- Release of Liability.** I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge and covenant not to sue Fuquay-Varina Baptist Church and its officers, directors, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorney's fees and other expenses arising from any lawsuit that may otherwise occur from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections or the negligence of other persons.
- Photo Release:** I give permission for my child's photo, which may be taken during Awana, to appear on the church website, social media or be used for publicity or display purposes.
- Consent to Medical Treatment.** In the event my child becomes ill or injured, I give permission for a representative of FVBC to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.
- AWANA Contact Permission Authorization.** Occasionally your child's handbook leader would like to contact you and your child to see how they are enjoying club and if they need any help in completing their handbooks. Your child's leader would also like to send written correspondence such as "Get Well" cards and a "Birthday Card." By signing below you are giving your child's leader written permission as the legal parent/guardian to contact you and your child by written communication and by telephone to discuss club activities.

Parent/Guardian Signature

Date