

FIRST BAPTIST CHURCH
LAWTON · FORT SILL



501 SW B AVE LAWTON, OK 73501
(580) 353 1770

AWANA REGISTRATION FORM 2018-2019

CHILDREN

#1 Child Name _____ Boy ___ Girl ___
Date Of Birth: ____/____/____ School Grade _____ Age ____
Allergies Or Medical Conditions: _____

#2 Child Name _____ Boy ___ Girl ___
Date Of Birth: ____/____/____ School Grade _____ Age ____
Allergies Or Medical Conditions: _____

#3 Child Name _____ Boy ___ Girl ___
Date Of Birth: ____/____/____ School Grade _____ Age ____
Allergies Or Medical Conditions: _____

Parents' (Or Guardians') Names _____
Street Address _____
City, State, Zip _____
Home Phone () _____ Cell Phone 1 () _____
Cell Phone 2 () _____
Email Address _____

Church Attended: ___First Baptist Lawton ___None ___Other _____

In Case Of Emergency When Parent/Guardian Cannot Be Reached Notify:
Name: _____ Home Phone () _____
Relationship To Child: _____ Cell Phone () _____

The following persons have permission to pick up my child from AWANA:

Name	Relationship	Phone Number
1. _____		
2. _____		
3. _____		

IMPORTANT INFORMATION

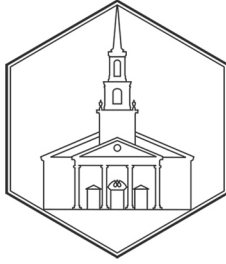
- 1.) I consent to and approve my child(ren)'s taking part in any and all activities conducted by **First Baptist Church Lawton** AWANA Clubs. I understand that my child(ren) may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and consent to the treatment of any minor injuries of my child(ren), and release, hold harmless and indemnify AWANA and **First Baptist Church Lawton** and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. In the event of an emergency that requires medical treatment for the above named child(ren), 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.
- 2.) I understand that any off-property AWANA excursions will be communicated with me beforehand and I will be required to sign a separate medical release form in order for my child to participate in those excursions. I acknowledge that participation in AWANA has the following non-exclusive list of activities that bear risk and danger and from which bodily injury, up to and including mortal injury, may occur: transportation to and from various destinations; being outside or in the presence of inclement weather conditions including, but not limited to, lightning, wind and/or hail; contact with plants, animals, insects and/or other environmental hazards; or other unknown and unanticipated activities and risks.
- 3.) I give permission for photo(s) of my child(ren) to appear among other general club photos in any and all media as long as there is no identifying information published by **First Baptist Church Lawton**. I hereby waive any causes of action I may have because of the use of my child's photograph.

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

Signature Of Parent/Guardian

Date

FIRST BAPTIST CHURCH
LAWTON · FORT SILL



501 SW B AVE LAWTON, OK 73501
(580) 353 1770

AWANA MEDICAL CONSENT FORM 2018-2019

Please Print or Type

Child's Name _____
Street Address _____
City, State, Zip _____
Boy ___ Girl ___ Date Of Birth ___/___/___ School Grade _____ Age ___
Parent/Guardian Name _____ Relationship _____
Home Phone () _____ Cell Phone () _____
Work Phone () _____
Email Address _____

If Parent/Guardian is not available in an emergency, notify:

Name _____ Cell Phone () _____
Relation To Child _____

Does the child have any of the following allergies?

Penicillin ___ Yes ___ No
Other Drugs ___ Yes ___ No List _____
Insect Stings ___ Yes ___ No
Poison Ivy ___ Yes ___ No
Hay Fever ___ Yes ___ No
Other _____

Does the child have any medical or health problems, and has the student had any chronic or recurring illnesses which would have an effect on his/her participation in activities? ___ Yes ___ No

If Yes, please describe problem or illness _____

Please state the name, address, and phone number of this child's family physician and any other physician and dentist who should be consulted in the event of an emergency or medical problem.

Family Physician _____ Address _____
Phone Number () _____
Other Physician (Specialist) _____ Address _____
Phone Number () _____
Dentist _____ Address _____
Phone Number () _____