



# AWANA CLUBS 2020-2021 REGISTRATION

Grace Kids Ministry

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Number

Kid #1 Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Allergies/Restrictions: \_\_\_\_\_

Kid #2 Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Allergies/Restrictions: \_\_\_\_\_

Kid #3 Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Allergies/Restrictions: \_\_\_\_\_

Kid #4 Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Allergies/Restrictions: \_\_\_\_\_

I, the undersigned parent or legal guardian, consent for my kid(s) to attend and participate in the AWANA Club at Grace Baptist Church. I understand that this is a church sponsored ministry activity of the Grace Kids department of Grace Baptist Church.

In case of injury to my kid(s), I authorize an adult sponsor of Grace Baptist Church to make emergency decisions for my child, including but not limited to first aid, hospitalization and transportation of my child to and from the hospital if needed. I understand that I will be contacted as soon as possible should an injury occur and/or should treatment be administered to my kid(s).

I further state that I have carefully read and understand the foregoing release, know the contents hereof are true, and sign this release as a legally binding agreement.

I give Grace Baptist Church permission to use photos that are taken during club activities containing the above mentioned minor(s) on the church website or other promotional materials.

Parent or Guardian Name and Signature: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



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<input type="checkbox"/>	Paid

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<input type="checkbox"/>	KJV
<input type="checkbox"/>	NKJV
<input type="checkbox"/>	ESV

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