



2019-2020

REGISTRATION AND RELEASE FORM

Registering for:

___ Cubbies (JK & 1 year prior)

___ Sparks (SK- Gr. 2)

___ T & T Gr. 3-4 girls

___ T & T Gr. 5-6 girls

___ T & T Gr. 3-4 boys

___ T & T Gr. 5-6 boys

Name of AWANA Clubber: _____

Date of Birth: _____ School Grade: _____

Current Handbook / or New Clubber: _____ Home Church: _____

Guardian's Full Name: _____ Cell Phone: _____

Guardian's Full Name: _____ Cell Phone: _____

Street Address: _____

City: _____ Postal Code: _____

Email: _____ Home Phone: _____

Emergency Contact (other than parents):

Name: _____ Phone: _____

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Victory Baptist Church from any liability therefore.

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRMUMSTANCES IN MY ABSENCE

Signature of Parent or Legal Guardian _____ Date: _____

I HAVE READ AND AGREE TO ABIDE BY THE AWANA RULES, POLICIES AND PROCEDURES

Signature of Parent or Legal Guardian _____ Date: _____

I GIVE PERMISSION TO VICTORY BAPTIST CHURCH TO DISPLAY MY CHILD'S PHOTO/VIDEO WITHIN THE CHURCH AND ON THE CHURCH'S WEBSITE AND FACEBOOK PAGE.

Signature of Parent or Legal Guardian _____ Date: _____

_____ I prefer not to allow VBC to use photos/videos with my child.