

HGBC Awana Registration Form

Child

Last Name: _____ First: _____ Grade: _____

Date of Birth: _____ / _____ / _____ Age: _____

Shirt Size: _____

Street Address: _____

City, State, ZIP: _____

Primary Guardian

Last Name: _____ First: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email: _____ Relationship to child: _____

Secondary Guardian

Last Name: _____ First: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email: _____ Relationship to child: _____

Emergency Contact Information

If the primary or secondary guardian cannot be reached, who should we contact?

Last Name: _____ First: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Relationship to child: _____

Authorized Pick-up

You give the following **adults** permission to pick up your child from Awana

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Allergies and Health Issues

Please list any known allergies or health issues we need to know about

Siblings in Awana

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Affirmation

I, the undersigned, affirm that the information I have provided on this sheet is true and accurate to my best knowledge. I understand Hillmon Grove Baptist Church will release (sign-out) my children to the primary/ secondary guardians, emergency contact, or authorized pick-up listed on this form. It is my responsibility to maintain the information and contacts listed on this form for usage by Hillmon Grove Baptist Church Awana program.

Signature: _____ Date: _____

Printed Name: _____

Photo Release

I, the undersigned, do also hereby authorize Hillmon Grove Baptist Church (the "church") to use and publish photographs of my child or children, or in which my child or children may be included, in any church publication, including the church's videos, websites, and promotional materials. I hereby release the church and its employees and agents from all claims and liability relating to said photographs. I understand that, if I should change my mind about this decision, I may contact the Awana Commander.

Signature: _____ Date: _____

Printed Name: _____