Quamba Baptist Church ---AWANA Club Registration 2021-2022 (Please update any information that changes throughout the year in case of emergency)

Parent/Guardian's Name (please print clearly)				
Address:	(First)		(Last)	
City Stat	te Zip	_		
Phone Number (home /cell)		_		
***Email address (please print clearly)		_		
	<u>Clubs</u>			
Cubbies 3-5	<u>5 yrs. old</u> Sparks K-2nd g	<u>rade</u>		
<u>Truth & Trainin</u>	g 3rd-6th grade LIT's 7 th	grade +		
Clubber's Name:				
(First)	(Last)	(Birthdate)/(Grade)	(Club)	
Clubber's Name:				
(First)	(Last)	(Birthdate)/(Grade)	(Club)	
Clubber's Name:				
(First)	(Last)	(Birthdate)/(Grade)	(Club)	
Clubber's Name:				
(First)	(Last)	(Birthdate)/(Grade)	(Club)	
Clubber's Name:				
(First)	(Last)	(Birthdate)/(Grade)	(Club)	
Photography:				
During AWANA 2021-22 there may be occasions when		=		
Baptist Church. Your authorization to use a photo/s of AWANA, brochures, newsletters, etc.) is requested. First			slideshows at	
Websites:				
The Quamba Baptist Church website (quambabaptist.or				
tools are used to help the community and participants le pages on these websites. Participant photos may be pos				
by first name only . Photos of large groups, or action p				
parental permission.				
<u>Consent:</u>				
I hereby authorize Quamba Baptist Church to allow my				
Photographed (for Quamba Baptist Church only Website coverage (following above guidelines))			
Parent's Signature:	Date:			
5 400 5111			_	
Dues: \$20 per Clubber (Please talk to us if	you need assistance with dues) (A payment plan of hal	t now, and	
half on Jan 12th is also available)				
Paid Now: \$ Amount Owed	on or by 1/12/2022: \$			

AWANA --- Medical Release Form QUAMBA BAPTIST CHURCH 2021-2022

We/I (parent/guardian) do hereby give permission for (our/my) child/children to attend and participate in all AWANA activities at Quamba Baptist Church.

As the parent/guardian, I authorize treatment under the direction of any licensed physician/dentist of the following minor child/children in the event of a medical/dental emergency. This authorization is granted only after a reasonable effort has been made to reach parent/guardian by phone at the numbers listed on registration forms. Please note it is the parent/guardian's responsibility to keep a current number on file at all times.

The parent/guardian shall be liable and agree to pay all costs and expenses incurred in connection with such medical/dental services rendered, and hereby releasing Quamba Baptist Church, where the child attends AWANA from any liability.

Child's Name:				
	(First)	(Last)	(known allergies or medical conditions)	
Child's Name:				
	(First)	(Last)	(known allergies or medical conditions)	
Child's Name:				
CL'112 N	(First)	(Last)	(known allergies or medical conditions)	
Child's Name:		<i>A</i> - 4)	<i>a n n n n n n n n n n</i>	
Child's Nama:	(First)	(Last)	(known allergies or medical conditions)	
Child's Name:	(First)	(Last)	(known allergies or medical conditions)	
	(FIFSI)	(Last)	(known attergies or medical conditions)	
Primary Emergency (<u>Contact:</u>			
Name	Rel	ationship		
Phone Number		_		
Secondary Emergency	v Contact In case parent/gu	uardian can't be reached		
Name		Relationship		
Phone Number				
This release form is co		n free will with the sole purpose	e of authorization of medical treatment und	
Signed:			Date:	
(pa	arent/guardian)	(relationship to children)		