

## Quamba Baptist Church ---AWANA Club Registration 2026-2027

**(Please update any information that changes throughout the year in case of emergency)**

Parent/Guardian's Name (please print clearly) \_\_\_\_\_  
(First) (Last)

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

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

Phone Number (home /cell) \_\_\_\_\_

\*\*\*Email address (please print clearly) \_\_\_\_\_

### Clubs

Cubbies 3-5 yrs. old Sparks K-2nd grade

Truth & Training 3rd-6th grade

Clubber's Name: \_\_\_\_\_ (First)  
(Last) ( Birthdate)/(Grade) (Club)

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(Last) ( Birthdate)/(Grade) (Club)

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(Last) ( Birthdate)/(Grade) (Club)

Clubber's Name: \_\_\_\_\_ (First)  
(Last) ( Birthdate)/(Grade) (Club)

Clubber's Name: \_\_\_\_\_ (First)  
(Last) ( Birthdate)/(Grade) (Club)

### **Photography:**

During AWANA 2026-27 there may be occasions when photographs of your child may be taken by a volunteer associated with Quamba Baptist Church. Your authorization to use a photo/s of your child/ren in Quamba Baptist Church publications (*for our photo slideshows at AWANA, brochures, newsletters, etc.*) is requested. Names may appear in these publications.

### **Websites:**

The Quamba Baptist Church website (quambabaptist.org) and Facebook page contain information on our children's programs. These tools are used to help the community and participants learn more about our church. Anyone with internet access is able to view these pages on these websites. Participant photos may be posted on our website to showcase events. If included, identification would be done by first name and first initial of last name **only**. Photos of large groups, or action photos where participants names cannot be identified, may be posted without parental permission.

### **Consent:**

I hereby authorize Quamba Baptist Church to allow my child to be: (*mark all that apply*)

\_\_\_\_ Photographed (*for Quamba Baptist Church only*)

\_\_\_\_ Website coverage (*following above guidelines*)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dues: \$20 per Clubber (Please talk to us if you need assistance with dues. Payment plans and scholarships are available.)

Total Due: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_

**AWANA --- Medical Release Form**  
**QUAMBA BAPTIST CHURCH**  
**2026-2027**

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)*

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*(First) (Last) (known allergies or medical conditions)*

Child's Name: \_\_\_\_\_  
*(First) (Last) (known allergies or medical conditions)*

Child's Name: \_\_\_\_\_  
*(First) (Last) (known allergies or medical conditions)*

**Primary Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**Secondary Emergency Contact --- In case parent/guardian can't be reached**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

*This release form is completed and signed of my own free will with the sole purpose of authorization of medical treatment under emergency circumstances in my absence.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(parent/guardian) (relationship to children)*