MSFBC AWANA 2015-2016 AWANA Registration Form

Parent's Name:		
Home Phone:		Cell Phone:
Emergency Contac	t:	
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Child's Name:		
Gender:	Birth Date:	Grade:
Please list any allergies:		
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Child's Name:		
Gender:	Birth Date:	Grade:
Please list any allergies:		
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Child's Name:		
Gender:	Birth Date:	Grade:
Please list any allergies:		
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Child's Name:		
Gender:	Birth Date:	Grade:
Please list any allergies:		
AWANA M 1' 1 D 1		
AWANA Medical Release		
Participation in AWANA games is fun but accidents can happen. We do our best to make sure your child is safe at		
AWANA. In the event that your child gets hurt during AWANA, we will do everything possible to reach you.		
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As a parent or legal guardian of the child listed on this form I hereby agree to hold harmless Mountain Springs Fellowship		

Picture Permission

Parent Signature:

result from the AWANA program.

Occasionally we would like to take pictures of clubbers in order to share what is happening in AWANA with our church family. We ask that you give us permission to use your child's picture for this purpose.

Baptist Church, it's staff, and leadership from any and all actions, claims, demands, suits, or other liabilities which may

Date:

YES, I grant permission for my child's image to be used by MSFBC AWANA NO, I DO NOT grant permission for my child's image to be used by MSFBC AWANA