

AWANA Registration and Authorization Form

Harmony Baptist Church

For participation in AWANA related activities and for emergency treatment and transportation

Personal Information:

Child's name: _____ Boy ___ Girl ___

Street Address: _____

City _____ State _____ Zip _____

Birthdate (*month/day/year*) _____ Grade _____ Home Phone _____

Father's/Guardian's Name _____ Cell # _____

Mother's/Guardian's Name _____ Cell# _____

Email address _____

Where does your child regularly attend church _____

Back Up Emergency Name and Number _____

Back Up Emergency Name and Number _____

Insurance _____ Member name _____

Group # _____ Policy # _____



Emergency Information:

Please list any known allergies, current medication, medical needs or restrictions for your child.

As legal guardian of _____ I authorize my child to participate in AWANA. In **EMERGENCIES**, requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Harmony Baptist Church to have your child transported to the hospital and receive treatment under the direction of any licensed physician for the stated minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable efforts has been made to reach me by the phone numbers listed above. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency.

Signature of Parent/Guardian _____ **Date** _____

Parent/Guardian Printed Name _____ **Date** _____

I also understand that photos or videos which may include my child (taken during activities and events) may be place on Harmony Baptist Church's website or on other social media pages pertaining to Harmony Baptist Church. These will be place on these sites to allow both parents and children to see past activities and events which are taking place and enjoy those memories with family and friends. **Under no circumstances will anyone's name or personal information be uploaded to these sites.** Please check the box below only if you **DO NOT** wish to have photos/videos including your child uploaded.

I DO NOT give permission to use photos/videos of my child on the website and social media pages associated with Harmony Baptist Church.

Signature of Parent/Guardian _____ **Date** _____

Parent Guardian Printed Name _____

