



Northside Awana Clubs
Wednesdays 6:30-8:00 PM
2018-2019 Registration Form

Name: _____ Birthday: _____ School Grade: _____

Name: _____ Birthday: _____ School Grade: _____

Name: _____ Birthday: _____ School Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail address _____

Parents: _____

Emergency Contact: _____ Phone _____

Authorized Pickup if other than parent: _____

Medical Release Form

The undersigned parent hereby grants authorized youth workers of the Northside Baptist Church the authority to take temporary care of the following child(ren): _____.
This grant of temporary authority shall begin on September 1, 2018 and shall remain effective for one year.

The above named caretaker(s) shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.

My child is allergic to the following foods or medications:

Child: _____ Child: _____

Media Release Form

Pictures of my child participating in church/AWANA activities **may** _____ **may not** _____ be used on the Northside Baptist Church website and Facebook/Instagram pages. (No child's name will be posted.)

Printed Name: _____

Signed Name: _____ Dated: _____