



**Registration/Medical Release Form 2020-21**  
**(For AWANA Charter #9180 Ministry meetings and all supervised Awana outings)**  
 First Baptist Church of Fair Oaks 4401 San Juan Avenue, Fair Oaks, CA 95628 916.966.2295

**PLEASE PRINT IN INK**

fbcfo.com

Transfer from Awana Ministry at: \_\_\_\_\_ (Please provide proof of completed books)  
Name of church

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Ministry (check one): Cubbies Sparks T&T

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Ministry (check one): Cubbies Sparks T&T

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Ministry (check one): Cubbies Sparks T&T

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

**PARENT / GUARDIAN / FAMILY INFORMATION**

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

HOME PHONE:

HOME PHONE:

CELL PHONE:

CELL PHONE:

LIVING WITH Child? No Yes

LIVING WITH Child? No Yes

Family Church: \_\_\_\_\_ Parent's/Guardian's email: \_\_\_\_\_

P.O. Box or Street

City

Zip Code

Mailing Address (if different): \_\_\_\_\_

In case I/we cannot be reached during an emergency, I/we the undersigned give permission for my/our child to be treated by a licensed physician if this emergency might endanger his/her life and/or cause disfigurement, physical impairment or undue discomfort by delaying treatment. Said physician is to administer whatever care is necessary, including anesthesia.

The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Awana Clubs International, First Baptist Church of Fair Oaks AWANA Ministry (Charter # 9180), First Baptist Church of Fair Oaks, California and the driver of any vehicle transporting my child to a supervised Awana outing, from liability. This release form is completed and signed of my/our own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my/our absence.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

**In the event a parent or guardian cannot be reached in an emergency situation, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

**AWANA Dues**

AWANA policy is no student will be turned away due to finances.

					<u>Indicate Size</u>
T&T 3 <sup>rd</sup> -4 <sup>th</sup> Grade	\$ 35 x _____ = \$ _____	UA (3-4) T-shirt	\$ 28.58 x _____ = \$ _____		Youth S/M/L, Adult S/M/L/XL
T&T 5 <sup>th</sup> -6 <sup>th</sup> Grade	\$ 35 x _____ = \$ _____	UC(5-6) T-shirt	\$ 29.40 x _____ = \$ _____		Youth M/L, Adult S/M/L/XL
Sparks	\$ 27 x _____ = \$ _____	Sparks Vest	\$ 20.48 x _____ = \$ _____		6 (S) /8(M) /10 (L) /12(XL)/14 (2XL)/16( 3XL)
Cubbies	\$ 15 x _____ = \$ _____	Cubbies Vest	\$ 20.48 x _____ = \$ _____		4(small) / 5(Med) / 6(L) / 8(XL) / 10(XXL)

Total Dues \$ \_\_\_\_\_

Total Apparel \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Date: \_\_\_\_\_

Pay Monthly (\$Total due \_\_\_\_\_ / 8 months) of \$ \_\_\_\_\_

<u>Date</u>	<u>Cash/Ck#</u>	<u>Payment</u>	<u>Balance</u>	<u>Date</u>	<u>Cash/Ck#</u>	<u>Payment</u>	<u>Balance</u>
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____	\$ _____

Special Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AWANA Event/Media Permission Form**

I give permission for my child or children: \_\_\_\_\_ to  
 \_\_\_\_\_ to  
 participate in Awana Events, including any published or unpublished media events associated with AWANA Clubs International, First Baptist Church of Fair Oaks Local AWANA Ministry (Charter # 9180), or First Baptist Church of Fair Oaks, and including any form of transportation to or from any events. Their attendance at AWANA Events constitutes my permission for participation. I assume full responsibility for my children and their guardian during any said event.

Parents/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_