



Registration/Medical Release Form

(For club meetings and all supervised Awana outings)

Ramoth Baptist Church, Stafford, VA 22554-6900 (540) 659-4588 www.ramothbaptistchurch.org

CLUB Puggles (2-3 yrs) Cubbies (3-PRE-K) Sparks (K-2nd) T & T (3rd-5th) Trek (6th-8th) Journey (9th - 12th)

Transfer from _____ Awana Club. Please provide proof of completed books.

Clubber's Legal Name: _____ Nickname: _____

Gender: M F Date of Birth: _____ / _____ / _____ Age: _____ Grade: _____ School: _____
First Middle Last
Month Day Year

Home Phone: _____ Parent's Email: _____

Home Address: _____
Number & Street City Zip Code

Mailing Address (if different): _____
P.O. Box or Street City Zip Code

Name of other person authorized to pick up child: _____ Emergency Phone: _____

MEDICAL INFORMATION

Current Medications: _____ Allergies: _____

Physical Restrictions / Other Concerns: _____

PARENT / GUARDIAN / FAMILY INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Name (First, Last)	
Home Phone ()	Cell Phone ()
Living with Clubber	<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Name (First, Last)	
Home Phone ()	Cell Phone ()
Living with Clubber	<input type="checkbox"/> YES <input type="checkbox"/> NO

- Release of liability.** My child has permission to attend Awana at Ramoth Baptist Church. I understand that I should remain (but not required to) at the church while my child is in attendance. I hereby hold harmless from liability and waive any and all claims against Ramoth Baptist Church, its staff, directors, leaders, and volunteers from any loss, damage or injury to my child's person or property in any way resulting from, or connected with, my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.
- Photo Release:** I give permission for my child's photo, which may be taken during Awana, to appear on the church website (above) or be used for publicity purposes.
- Awana Contact Permission Authorization:** I give permission for my child's leader or Awana staff member to contact me by written communication and by telephone to discuss my child's performance and participation in Awana Club activities.
- Consent to Medical Treatment.** In the event my child becomes ill or injured, I give permission for a representative of Ramoth Baptist Church to take whatever steps are reasonably necessary to render emergency first aid to my child, to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon. The undersigned assumes responsibility for any and all costs connected with such treatment and hereby releases Awana Clubs International and Ramoth Baptist Church from any liability.

Parent / Guardian Signature _____ Date _____

For Office Use Only:

	Amount	Date
Dues <input type="checkbox"/> W <input type="checkbox"/> Y		
Intro Packet		
Handbook Issued		
Replacement Handbook		
Uniform		

Other Items Requested	Amount	Date