



FIRST BAPTIST CHURCH OF CAPE MAY

101 South Main Street
Cape May Court House, NJ 08210



Awana Registration Form 2022 – 2023

Date: Every Friday starting Sept. 16th

Time: 6:00 PM – 8:00 PM

FAMILY INFORMATION

Parent/Guardian Name(s): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

CLUBBER INFORMATION

Child Name: _____ Gender: ☐ Male ☐ Female

Club: ☐ Cubbies (ages 3 - 5) ☐ Sparks (Kindergarten - 2nd Grade) ☐ T & T (3rd - 6th Grade)

Birthdate: ____/____/____ Age: ____ Grade in Fall: ____ School: _____

Hobbies/Activities: _____ Church: _____

Medication, Allergies, Special Concerns: _____

Child Name: _____ Gender: ☐ Male ☐ Female

Club: ☐ Cubbies (ages 3 - 5) ☐ Sparks (Kindergarten - 2nd Grade) ☐ T & T (3rd - 6th Grade)

Birthdate: ____/____/____ Age: ____ Grade in Fall: ____ School: _____

Hobbies/Activities: _____ Church: _____

Medication, Allergies, Special Concerns: _____

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone	Authorized to pick up from club

MEDICAL INFORMATION

Pediatrician Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Photo Release

The AWANA program provides many great photo and video opportunities of our clubbers. We would like your permission to use images taken of your child/children during AWANA internally in classrooms and hallways and in print or electronic promotional materials. Children will not be identified by name when photos are used for publicity purposes; no compensation will be offered for any images.

By indicating yes below, you give permission for electronic or photographic images of your children to be used by First Baptist Church of Cape May in its print or electronic media. ☐ Yes ☐ No

Parent/Legal Guardian Signature: _____ Date: _____

Liability Release and Emergency Medical Treatment Agreement

I give my consent for my child(ren) _____
List All Names

to participate in the AWANA club at First Baptist Church of Cape May. I waive and release all rights and claims for damages whatsoever against First Baptist Church of Cape May, including all staff and volunteer workers. I understand and do hereby agree to assume all of the risks and other related risks which may be encountered by my son/daughter participating in AWANA.

I understand that my child may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, First Baptist Church of Cape May, and any persons involved with the Awana club ministry. In the event of an emergency that requires medical treatment for the above-named child(ren), I understand every effort will be made to contact me or my emergency contact(s). However, if I/we cannot be reached, I give permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.

Parent/Legal Guardian Signature: _____ Date: _____

Awana Registration Fee	Quantity	X	Total
SUGGESTED DONATION per child \$25 (Includes Handbook, Awards, Patches, etc.)		X \$25 = (per child)	