2020-2021

Awana Clubs Registration – Dudley Baptist Church

Please fill out one form per student

Child's Name: _____ Male or Female

Date of Birth: _____ Age: ____ Parent/Guardian: _____

Mailing Address: _____
City State Zip Code

Home Phone: _____ Work Phone: _____ Cell: _____

School: _____ Current Grade: _____ Email: _____

The above-named minor has my permission to participate in Awana Clubs on Wednesday nights and any activities that might take place off-campus. I understand that all activities will have adult supervision. I further agree to direct my daughter/son to conform to the fullest with the directions and instructions of the leaders in charge. I relieve Dudley Baptist church, its ministers' staff, and leaders from any liability to my child.

Emergency Contacts & Other Information

Name: _____Phone: _____

Name: _____Phone: _____

Does your child attend church? If so where? _____

May we have permission to photograph your child? Yes or No

If Yes, is it ok to post on social media? Yes or No

Child's Medical Info

1. Has he/she had any surgery or serious illness in the past 3 years? Yes or No

If yes, please explain: _____

2. Is he/she required to take medication? Yes or No

If yes, please explain: _____

3. Does he/she have any allergies to food or medication? Yes or No

If yes, please explain: _____

Parent/Guardian Signature: _____ Date: _____