



Oak Ridge Baptist Church AWANA Clubs Registration Form

*Cubbies (4yrs only) must be age 4 by September 1, in order to enroll in Cubbies program

This Section for Awana Use Only

Clubbers Name		Grade (PK, K...)	*Birthday MM/DD/YY	Leader	Listener	Annual	Registration
First	Last						
1.			/ /	10.00	25.00	45.00	Paid: Y N
2.			/ /	10.00	25.00	40.00	Date:
3.			/ /	N/C	25.00	40.00	Chk #
4.			/ /	N/C	N/C	N/C	Amt.

Parents must remain on the ORBC campus for 4 & 5 year old Clubbers. Please Initial _____

Dad:	First: _____	Last: _____	Contact # (____) _____
Address:	City: _____ Zip: _____		Email: _____

I would like to serve in the AWANA program: Y N **If Yes please fill out an Adult Leader Registration Form**

Mom:	First: _____	Last: _____	Contact # (____) _____
Address:	City: _____ Zip: _____		Email: _____

I would like to serve in the AWANA program: Y N **If Yes please fill out an Adult Leader Registration Form**

Other person(s) allowed to pick up clubbers (must be at least 16 years of age):

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Person (other than parents) to notify in case of emergency:

Name: _____ Relationship: _____ Contact # (____) _____

Address: _____

Consent to Medical Treatment

(Must be filled out for registration to be complete!)

Family Physician: _____ **Phone:** (____) _____

Please list any specific allergies, chronic illness, or other condition, which we should be aware of. If necessary, please use the back of this form. The numbers 1-4 corresponds to each child listed above.

Child	Allergies	Chronic Illness	Other
1.			
2.			
3.			
4.			

As parent/guardian, I do hereby authorize treatment under the discretion of any licensed physician of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable attempt has been made to reach me by phone at the numbers listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where the child attends from any liability thereof. This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. This covers all AWANA Club's activities and outings from August through May.

Signature: _____ **Date:** _____

Contact Leo or Virginia Vera for additional club information @ 713-918-9434 or 281-924-0231 – email – orbawana@orbchurch.org