

AWANA Clubs Registration

Name _____ Age _____
Address _____ Birthdate _____
City _____ Grade Completed _____
Phone Number _____
Parent's Name _____
Do you attend church? _____ If so, where? _____
Medical information we need to know(Including allergies) _____

Did you come with a friend? _____ Friend's Name _____
In the event of an emergency, who do we call?
Name _____ Phone _____
Name _____ Phone _____

I, on behalf of myself and child, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, and indemnify Maplewood Baptist Church and/or its agents, officers, and employees and volunteers from any and all claims or suits for bodily injury, medical expenses, property damage, wrongful participation in the Church event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person. I authorize the Church to release any medical information and to seek medical treatment on my child's behalf.

Signature of Parent or Guardian _____ Date _____

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