



# LHKIDS AWANAS REGISTRATION FORM (2022-2023)



Child's Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ T-shirt size \_\_\_\_\_

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Parent/Guardian: \_\_\_\_\_

Contact # \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Who is authorized to pick up child/children from AWANA Club? \_\_\_\_\_

Please list any food allergies, health, or behavioral concerns for any of your children:

\_\_\_\_\_

Locust Hill Baptist Church Release Form for Use of Personal Images: From time to time during the club year videos, photographs, and/or slides will be taken of our Clubbers. These will be used for publicity purposes only. Your signature below grants permission for Locust Hill Baptist Church to use videos, photographs, and/or slides of your child for publicity purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I give consent for a responsible adult at the AWANA ministry at Locust Hill Baptist Church to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: reasonable effort has been made to find me at the Church or at home: the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date