



First Baptist Church  
 1600 S Main St, Lamar CO 81052  
 719-336-4953 www.lamarfbc.org

**Parent/ Guardian**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Church: \_\_\_\_\_  
 Persons (other th parents authorized to pick up the children.  
 \_\_\_\_\_

Number/ email

Contact Person

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

Emergency\* \_\_\_\_\_

\* Emergency caontact during club time ( other then persons listed above)

Child's Name ( First Middle Last)	Birth Date	Gender	Club	Allergies/ Meds/ Special neededs)
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			Age 2 2yr	Ages 3-4 3yr-4yr	Grades K-2 K 1 2	Grades 3-5 3 4 5	Grades 6-8 6 7 8	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Terms and Conditions**

We will be communicating using the Remind app. Please put a check the box of the number and email you would like to be accosiated with the app.

I understand that my child/children 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 that risk and hold harmless from any legal liability, First Baptist Church and any persons involved in the Awana Club ministry.

In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/ we cannot be reached, I give permission to the AWANA volunteers or the church staff/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.

I grant permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown. This may include a club slideshow, newsletter, and/or the club Facebook page.

Please list any restrictions to item #3 \_\_\_\_\_

My signature below I agree to the Terms and Conditions stated above.

X \_\_\_\_\_  
 Signature of Parent or Guardian Date

**I am interested in Helping!**

**Weekly** (listening to sections, games)

**For Special Events** (Store, Grand Prix)  
 Please note all AWANA leader participants must complete the application process which includes a background check.

- Emergency Contact     Attendance sheet     Envelope     Van Rider