



Bethel Baptist Church

Truth & Training Registration

For Kids 5th & 6th Grade Ultimate Challenge

Name _____

Address _____

City, State & Zip Code _____

Age _____ Grade _____ Birthday _____ Male ___ Female ___

Parent/Guardian Name _____

Relationship to Clubber _____

Parent's Work Address _____

Home Phone _____ Cell Phone _____ Parent's Work Phone _____

Church Now Attending _____

Uniform Sizes (circle one)

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

<u>Uniform Price</u>	<u>Handbook Price</u>	<u>TOTAL</u>	<u>Books Completed</u>
\$16.00	\$10.00	\$26.00	Book 1 _____ Adventure
			Book 2 _____ Adventure
			Book 1 _____ Challenge
			Book 2 _____ Challenge

AWANA Club Rules

Please be aware that your child will be expected to:

1. Respect the rights of others
2. Obey and listen to all AWANA leaders
3. Be a good sport
4. Participate fully in all club activities
5. Bring handbook each week and make progress in their handbook by completing at least 1 section in their handbook every other week
6. Keep hands to themselves
7. Not run in, abuse, or vandalize the church facilities
8. Bring dues weekly (\$.50 cents/week or \$17.00 per year)
9. Keep off the grass, flowerbeds, parking lot and rocks

I have read these AWANA rules and agree to abide by them.

Clubber's signature/date

Parent/Guardian's Signature

PLEASE FILL OUT BACK OF FORM

Medical Release

As a parent and/or guardian, I do herewith authorize treatment under the discretion of any licensed physician of the minor named of the front of this document in the event of a medical emergency which, in the opinion of the attending, may endanger his or 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 the phone numbers listed on the front of this document.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Bethel Baptist Church from any liability thereof.

Please list any specific medical allergies, chronic illness, or other conditions that the church should be aware of. _____

Emergency Contact (*Adult relative or friend not living with the minor*)

Name _____ Phone _____

Address _____

Physician Information

Name _____ Phone _____

Address _____

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 release covers all AWANA activities and outings from September 7, 2011 to May 9, 2012.

Date: _____

Signed: _____

Circle One: Mother Father Legal Guardian

For Office Use Only:

Please indicate what has been paid below and write cash or check #.

Book: Date Paid/Ordered _____ Amt Paid _____ Ck# _____ Cash _____ Date Issued _____

Book 1 Challenge _____ Book 2 Challenge _____ Version _____

Has Uniform: _____

Uniform: Date Paid/Ordered _____ Amt Paid _____ Ck# _____ Cash _____ Date Issued _____

Dues Paid for Year: Date Paid _____ Amt Paid \$17.00 Ck# _____ Cash _____