



Beech Street First Baptist Church
Cubbies Registration/Medical Release Form

Child's Name: _____ Age: _____ Female _____ Male _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade: _____ Shirt Size: _____

Parent's First and Last Names: _____

If visiting, Friend's Name: _____

Church Attending: _____

Emergency Contact: _____ Phone #: _____ Doctor's Name: _____

Who May Pick up my child: _____ Who may NOT pick up my child: _____

List any medical allergies or other pertinent medical information:

List any physical restrictions your child has that would limit participation in any activities at AWANA:

I understand that my child, _____, will be participating in the Beech Street First Baptist Church AWANA Program and will be under the care and guidance of its leaders. I give my permission for the designated/approved church representative to secure any needed medical treatment for my child. I release the church representative/sponsors from liability for accidents or injuries.

SIGNATURE OF PARENT OR GUARDIAN

DATE

	<u>Amt Due</u>	<u>Amt Paid</u>	<u>Delivered</u>
Registration Fee	\$15	_____	_____
Uniform	\$10	_____	_____
Bag	\$5	_____	_____

Total _____