



Beech Street First Baptist Church
Sparks (K-2nd Grade) Registration/Medical Release Form

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

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

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent's First and Last Names: _____

Parent Email: _____

If visiting, Friend's Name: _____ Church Attending: _____

Emergency Contact: _____ Phone #: _____ Dr.'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

* Registration for 1st child is \$15, each additional child per family is only \$10

- Registration Fee***
- Uniform**
- Bag**

Amt Due	Amt Paid	Delivered
\$15/\$10	_____	_____
\$10	_____	_____
\$5	_____	_____

Total _____