



First Baptist Church of Butler



Aug. 2022- May 2023 Registration Form

Clubber's Name: _____ Sex: M F Birthdate: __/__/____ Grade: ____

Home Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell phone number _____ Email: _____

Bible: Has a Bible Needs a Bible **Uniform:** Has a uniform Needs a uniform (See below for sizing)

Note: We recommend ordering larger sizes as uniforms are usually smaller than comparable clothing and can be worn for more than one year.

Puggles (2 to 3 year olds) 2T 3T 4T 5T 6T

Cubbies (4 to 5 year olds) Small (4) Medium (5) Large (6) XLarge (8) XXXLarge (10)

Sparks (K to 2nd grade) Large (10) XLarge (12) XXXLarge (14) XXXLarge (16)

T&T (Grades 3-6) Size 10 Size 12 Size14 Size 16 Adult small Adult medium Adult large

Parent's Section

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Email (father): _____ Email (Mother): _____

If you are interested in helping: Full time Part time Game time Handbook time

Who is authorized to pick up your child? _____

Liability Release and Emergency Medical Treatment Agreement

My son/daughter, (print name) _____, has my permission to attend AWANA at First Baptist Church of Butler on Sundays from 5:00-7:00pm. I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER THROUGH PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against First Baptist Church of Butler, its staff and leaders, for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorney's and consultant's fee and disbursements, which arise out of joining the AWANA Club at First Baptist Church of Butler.

I further state that I have carefully read the forgoing release and know the contents thereof. I am signing this release as an act of my own free will. This is a legally binding agreement which I have read and understand.

Signature: _____ Date: __/__/____

Printed Name: _____ Cell Phone: _____

Child's doctor: _____ Phone: _____

Medical coverage: _____ Policy #: _____

Any allergy, food allergies, medications, or special conditions for your child?: _____
