



Clubber Registration

Southern Calvert Baptist Church | 12140 HG Truman Rd Lusby, MD
20657 | 410-326-6533 | www.sbcemd.com

PARENTS/GUARDIANS INFORMATION

Parent/Guardian 1

Name *

Address *

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number *

Email *

Area Code

Phone Number

example@example.com

Parent/Guardian 2

Name

Address

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

Email

Area Code

Phone Number

example@example.com

PERSONS AUTHORIZED TO PICKUP CHILDREN

(PARENTS/GUARDIANS)

Name *

Relationship *

First Name

Last Name

Name

Relationship

First Name

Last Name

EMERGENCY CONTACT

(Not Parents/Guardians)

Name *

Phone Number *

First Name

Last Name

Area Code

Phone Number

Name

Phone Number

First Name

Last Name

Area Code

Phone Number

ADULT VOLUNTEER INTEREST

Name

Interest in helping (Check all that apply)

First Name

Last Name

Weekly

Monthly

Every Other Week

Special Events

STUDENT LEADERSHIP VOLUNTEER INTEREST

Name

Interest Areas (check all that apply)

First Name

Last Name

Group


Game Time

Other

INFORMATION ABOUT YOUR CHILD(REN)

Important note: To ensure our AWANA leaders are trained and prepared for the needs of every child, all information on this sheet is essential, including current updates to allergies and special needs information, regardless of prior year's recorded data and club participation.

CHILD 1

Name *		Nickname	Date of Birth *		Gender *
First Name	Last Name		Month	Day	
					
School Name and Current Grade *			Year		
			Needs Book	Needs Uniform	
Allergies (list all) *					
Special Needs or Accommodations (describe) *					

CHILD 2

Name		Nickname	Date of Birth		Gender
First Name	Last Name		Month	Day	
					
School Name and Current Grade			Year		
			Needs Book	Needs Uniform	
Allergies (list all)					
Special Needs or Accommodations (describe)					

CHILD 3

Name		Nickname	Date of Birth		Gender
First Name	Last Name		Month	Day	
School Name and Current Grade			Year		
Allergies (list all)			Needs Book	Needs Uniform	
Special Needs or Accommodations (describe)					

CHILD 4

Name		Nickname	Date of Birth		Gender
First Name	Last Name		Month	Day	
School Name and Current Grade			Year		
Allergies (list all)			Needs Book	Needs Uniform	
Special Needs or Accommodations (describe)					

TERMS AND CONDITIONS

1. 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 risk of injury. I fully accept this risk and hold harmless from any legal liability, Southern Calvert Baptist Church and any persons involved in the Southern Calvert Baptist Church AWANA Club Ministry.
2. 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 my permission to the AWANA 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 incident or treatment of my child.
3. I grant permission for a photo of my child to appear in an unpublished club directory to be used by AWANA Leaders only. I also give permission for photo(s)/video(s) of my child to appear among other general club photos, videos, and social media as long as there is no identifying information shown.
4. I understand the only individuals allowed to pick up the children listed on this form must be over the age of 18 and listed on the registration form.

Initial

HEALTH/SAFETY

SCBC AWANA will be exercising current health guidelines and safety protocols to maintain a healthy environment for the AWANA students. AWANA leaders at SCBC will be trained in our latest procedures, emergency plans, child safety and security. Parents and guardians are the first line of defense when it comes to the overall health of the students. Please keep the children at home if they are not feeling well, have a fever, cold symptoms (runny nose, cough, nausea, etc.) or if an immediate family member is experiencing signs of illness.

Initial

CLUBBER CONDUCT AGREEMENT

My clubber(s) agree to keep all cell phones or personal items stowed away. Items from home such as toys, stuffed animals, cell phones, ear pods and any other electric devices are not allowed during the entire AWANA evening.

Initial

I have read and agree to all the terms listed above.

My signature and current date confirm my understanding and agreement to this document.

Signature

Date

Please complete and return to the AWANA office.

FOR OFFICE USE ONLY

Child 1

Uniform

Book

Child 3

Uniform

Book

Child 2

Uniform

Book

Child 4

Uniform

Book