



EAST MEMORIAL BAPTIST CHURCH
 1320 Old Ridge Road Prattville, AL 36066
 Phone: 334-365-7500
sjenkins@eastmemorial.org

PARENT/GUARDIAN INFORMATION

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

Email: _____ May we contact you by email about club events? Yes No

Do you attend a church? Yes No If yes, name of church: _____

Any court ordered parental restrictions? Yes No If yes, please provide documentation of parental restrictions.

Person(s) (other than parents) authorized to pick up the children:

1) _____ Phone: _____

2) _____ Phone: _____

Emergency contact during club time (other than parents): _____ Phone: _____

Physician: _____ Phone: _____

I am interested in volunteering as a _____ Leader, _____ Helper each week and/or _____ For Special Events
 Note: All AWANA Club leaders and helpers must complete child protection paperwork and are subject to a background check.

CHILD/CHILDREN INFORMATION

Name	M / F	Birth Date	Grade	Need Book Or Need Uniform	Allergies/Medical/Special Needs
1. _____	_____	____/____/____	_____	_____	_____
2. _____	_____	____/____/____	_____	_____	_____
3. _____	_____	____/____/____	_____	_____	_____
4. _____	_____	____/____/____	_____	_____	_____
5. _____	_____	____/____/____	_____	_____	_____

TERMS AND CONDITIONS By signing below, I certify the information above is correct

- _____ 1) I consent and approve for my child / children to participate in physical activities such as those held during game time.
Initial As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, AWANA Clubs International, East Memorial Baptist Church and any persons involved in the 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 accident or treatment of my child.
Initial
- _____ 3) I grant permission for a photo of my child / children to appear among other general club photos or on an AWANA website as long as there is no identifying information shown.
Initial
- _____ 4) I grant permission for my child / children to travel to / from AWANA club events with an adult leader. Any such event will be clearly communicated with me beforehand.
Initial

I have read and agree to the Terms and Conditions stated above.

Signature: _____ Date: _____