



2022/2023 AWANA REGISTRATION FORM

Calvary Baptist Church, Lovingson, VA

Children's Information			
Name	Birthdate	Grade / Age Sept 2022	Medical/allergy special needs

Family Information	
Parent/Guardian Name	Home Phone:
Address <i>(street address, city, state, and zip code)</i>	Work Phone: Cell Phone:
Mailing Address <i>(if different)</i>	Email:
Emergency Contacts (other than listed above)	
Name:	Phone number:
Name:	Phone number:

Dismissal Information	
Who may pick up your child at the end of each Awana session?	Phone:

Other Information	
Does your child attend Sunday School? If so where?	
If your child is visiting our church, who is he a guest of?	
Do we have your permission to photograph your child and to post photos on social media?	Yes No

Please sign Medical Release form on the back of this form.

Medical Release: I, the undersigned parent or guardian of the above minor(s), do hereby authorize adult volunteers of Calvary Baptist Church (CBC) as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by an accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability CBC or Awana International, or any of its ministries or leaders in the event of an accident in route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian Signature _____ Date: _____