



Awana Registration/Permission Form

September 8, 2021 – April 27, 2022

Calvary Baptist Church

469 Airport Avenue • Wisconsin Rapids, WI 54494

715.423.7190 • www.calvaryrapids.org



Parent/Legal Guardian

Name(s): _____

Primary Phone Number: _____

Street Address: _____

Cell Phone #1: _____ *Please Specify Who*

City/State/Zip: _____

Cell Phone #2: _____ *Please Specify Who*

Email Address: _____

Needed to keep you updated with Club News and Special Events

Emergency Contact: _____

Emergency Contact's Phone Number: _____

Person(s) other than parents authorized to pickup my child(ren): _____

Person will be required to show proof of identity

NOTE: ALL children **MUST** be 3 years old by August 31, 2021 to begin Awana at Calvary Baptist Church

Child's Name	M/F	Grade	Date of Birth	Allergies/Medical Needs
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

Terms and Conditions – I understand that this form covers all Calvary Baptist Church sponsored activities:

1. I grant permission for a photo(s) of my child(ren) to appear among other general Children Ministry activities or on the internet as long as there is no identifying information shown. *No, I do not give my permission regarding photo usage.*
2. I understand that my child(ren) may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Calvary Baptist Church, Awana Clubs International and any person(s) involved in Calvary Baptist Church Children Ministries.
3. In the event of an emergency that requires medical treatment every effort will be made to contact me or my emergency contact. If I cannot be reached, I give permission to the Calvary Baptist Church volunteers to secure the services of medical professionals. I assume responsibility for all such expenses.
4. Some activities will require another permission slip. I understand Calvary Baptist Church will attempt to notify me of those activities through flyers sent home with my child(ren) and/or email.

Signature of Parent or Legal Guardian: _____

Date: ___/___/___

Registration Fee: \$40.00 x _____ = \$ _____
of Children Total Due

AWANA Office Use Only: Total Amount Paid \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____
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*If your child **needs** to be put on the van list, please email Pastor Kodiak Boersma at kboersma@calvaryrapids.org*