



Awana Registration/Permission Form

September 4, 2024 – April 30, 2025

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 & Name: _____

City/State/Zip: _____

Cell Phone #2 & Name: _____

Email Address: _____

Needed to keep you updated with Club Cancelations, News and Events

Emergency Contact: _____

Emergency Person's Phone #: _____

Person(s) other than parents authorized to pick up child(ren): _____

Person(s) will be required to show proof of identity at pickup time

NOTE: Children **MUST** be 3 years old by August 31, 2024 to participate in 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:

- I grant permission for a photo(s) of my child(ren) to appear among other general Children Ministry activities or on the internet provided no identifying information shown. **No, I do not give my consent regarding photo usage.**
- 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.
- 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.
- 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: ____/____/2024

Registration Fee: **\$45.00** x _____ = \$ _____
of Children Total Due

Office Use Only: Total Amount Paid \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____
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