



Topeka Baptist Church Registration Form

OFFICE USE

C	U _____	HB1 _____
S	B _____	HB2 _____
T	Other _____	
C	U _____	HB1 _____
S	B _____	HB2 _____
T	Other _____	
C	U _____	HB1 _____
S	B _____	HB2 _____
T	Other _____	

1. Child Name: _____

Age: _____ Grade: _____ Birth Date: _____ / _____ / _____ ☐ Boy ☐ Girl

2. Child Name: _____

Age: _____ Grade: _____ Birth Date: _____ / _____ / _____ ☐ Boy ☐ Girl

3. Child Name: _____

Age: _____ Grade: _____ Birth Date: _____ / _____ / _____ ☐ Boy ☐ Girl

Parent Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home Church: _____

Prior Awana Experience? ☐ No ☐ Yes When/Where? _____

How did you hear about our Awana Club? _____

Parent Consent/Medical Release:

The undersigned hereby gives permission for the child(ren) named above, to attend and participate in Awana sponsored by Topeka Baptist Church ("the Church").

I authorize the Church to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor(s) under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to aforementioned child(ren) pursuant to this authorization.

The undersigned does also hereby give permission for my child(ren) to ride in any vehicle designated by the adult in whose care the minor(s) has/have been entrusted while attending and participating in activities sponsored by the Church. Should it be necessary for our my child(ren) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Said minor(s) is/are covered by hospitalization insurance: ☐ Yes ☐ No

Insurance Company: _____ Policy Number: _____

Allergies: _____

Emergency Phone: _____

Parent/Guardian Signature: _____ Date: _____