

**AWANA & TEEN GROUP REGISTRATION FORM**  
**Wyebrook Missionary Baptist Church / 62 New Road, Elverson, PA 19520 / 610-942-3447**

|                                    | Name: <i>(Siblings only, please)</i> | Birth Date:    | Grade: |
|------------------------------------|--------------------------------------|----------------|--------|
| <b>Child #1:</b><br><i>or teen</i> | _____                                | _____          | _____  |
|                                    | First Last                           | Month/Day/Year |        |
| <b>Child #2:</b><br><i>or teen</i> | _____                                | _____          | _____  |
|                                    | First Last                           | Month/Day/Year |        |
| <b>Child #3:</b><br><i>or teen</i> | _____                                | _____          | _____  |
|                                    | First Last                           | Month/Day/Year |        |
| <b>Child #4:</b><br><i>or teen</i> | _____                                | _____          | _____  |
|                                    | First Last                           | Month/Day/Year |        |

ADDRESS: \_\_\_\_\_

Street Address City State Zip Code

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONTACT PERSON IN CASE OF AN EMERGENCY DURING CLUB:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

My child/ren \_\_\_\_\_ can participate in the Awana Club.  
*Please include all your children's names on this line*

*We, the undersigned, execute voluntarily and with full knowledge of its significance, do assume all risks and hazards incidental to participation in Awana Club / Youth Group including the transportation provided by Wyebrook Missionary Baptist Church to and from Club and do hereby release, absolve, indemnify and agree to hold harmless Wyebrook Missionary Baptist Church and/or Awana Clubs International, nor any of said persons shall be held financial responsible for any injury, illness or death as a direct or indirect result of this activity and therefore do take full medical insurance responsibility for my child.*

My child is allergic to the following:

|                              |         |                              |         |
|------------------------------|---------|------------------------------|---------|
| 1 <sup>st</sup> Child's Name | Allergy | 2 <sup>nd</sup> Child's Name | Allergy |
| 3 <sup>rd</sup> Child's Name | Allergy | 4 <sup>th</sup> Child's Name | Allergy |

Parents' Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

**WHY is registration SO IMPORTANT?**

Registration is an important part of our children/teen program. It gives us the necessary information to handle emergency situations. Rarely do we need to take someone to the hospital for emergency treatment or send a clubber home due to illness. But if we do, wouldn't YOU want to be notified? The Registration Form gives us a contact number of you or someone you trust that we can reach...

**“JUST IN CASE.”**

