



Hampstead Baptist Church AWANA Club Registration

Parent, please fill in the information below and return to your child's Club Director or Leader.

Child's Name _____ Home Phone _____
Address _____ Cell Phone _____
City, State _____ Zip Code _____

Mother's first and last name _____

Father's first and last name _____

Club: Cubbies (age 3-4) Sparks (K-2nd grade)
 Chums (grades 3 & 4 girls) Pals (grades 3 & 4 boys)
 Guards (grades 5 & 6 girls) Pioneers (grades 5 & 6 boys)

Child's age _____ Gender _____ Birth Date _____ Grade _____

Allergies/Medical Conditions: _____

Do you attend a local church? No Yes, Church name _____

Has your child been in AWANA before? No Yes, When? _____

If yes, what was the last book they completed? _____

Have you ever served in AWANA before? No Yes

Would you be willing to serve? No Yes, in what area? _____

Special Instructions: _____

I hereby grant consent for my child to participate in activities sponsored by Hampstead Baptist Church. I furthermore grant to the church, its leaders, or agents authority to undertake or approve of emergency medical treatments or surgery as may in their judgment be necessary while my child is in their care. I furthermore release and relinquish any right, claim, or cause of action against Hampstead Baptist Church, its officers, leaders, or agents for any damages or injures whatsoever that might be incurred by my child in route to and from, or during any activity sponsored by Hampstead Baptist Church.

Parent/Guardian Signature: _____ Date: _____