



# AWANA Clubber Information, Contact, And Permission Authorization



Clubber's Name: \_\_\_\_\_

Preferred Name, if different: \_\_\_\_\_

Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies, Medical Conditions, or Special Considerations: \_\_\_\_\_

Church: \_\_\_\_\_

Who invited you to AWANA? \_\_\_\_\_

Need Club Uniform? Yes / No Clubber's Shirt Size: \_\_\_\_\_

Membership fee for Cubbies, Sparks, and T&T is \$40.00. A \$10 discount is available for families with multiple children enrolled in AWANA (one discount per family). The fee may be paid via one of three methods: cash; check payable to GHBC; or via online giving at GHBCVA.org. It is never intended that a child will be denied the opportunity to participate due to financial concerns.

Contact GHBC AWANA Club at [awana@ghbcva.org](mailto:awana@ghbcva.org) at any time with questions, comments, suggestions, or concerns.

Primary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Individuals authorized to pick up child from Club (may be requested to provide identification): \_\_\_\_\_

\_\_\_\_\_

Permission and Acknowledgement of Receipt by Parent/Guardian:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Circle Club: PUGGLES (Ages 2-3) CUBBIES (Ages 3-4) SPARKS (Grades K-2) T&T (Grades 3- 4) TREK (Grades 5-6)  
[Awana Use] Payment: Cash Check Online Amount \$ \_\_\_\_\_ Date \_\_\_\_\_



### Medical / Media Release

**This release will be in effect for the 2022-2023 AWANA year.**

As a parent and/or guardian, I authorize initial medical treatment (i.e. basic wound care) by Grace Harvest Baptist Church AWANA leaders in the event it becomes necessary of the below listed children under my care and/or guardianship.

I further authorize attention by a qualified and licensed medical professional of the following participant(s) in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the below named participant(s) and to release Grace Harvest Baptist Church from this liability.

I also grant permission, and hereby hold harmless, Grace Harvest Baptist Church and AWANA leaders to publicly display photos and/or videos of AWANA Program activities that may include images of participants listed below on, but not limited to, the Grace Harvest Baptist Church website, Facebook page, or any Grace Harvest Baptist Church location or publication.

Participant names are withheld from publication.

---

---

---

---

---

---

Signature of Parent / Guardian

Date