Awana Registration/Permission Form

September 9, 2026 – April 28, 2027

Calvary Baptist Church

469 Airport Avenue • Wisconsin Rapids, WI 54494

715.423.7190 • **www.calvaryrapids.org**

Parent/Legal Guardian:

Name(s): _____

_____ *Please Specify*

Street Address: _____

City/State/Zip: _____

Email Address: _____

Emergency Contact: _____

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

Main Phone Number: _____

Phone #2 & Name: _____

Phone #3 & Name: _____

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

Emergency Person's Phone #: _____

_____

_____

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

NOTE: Children **MUST be 3 years old by August 31, 2026** 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:

1. 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.**
2. 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.
3. 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.
4. 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: _____ / _____ / 20_____

Registration Fee: **$45.00** x _____ = $_____

# of Children *Total Due*

OFFICE USE ONLY: Total Amount Paid $_____ ❑ Cash ❑ Check#_____