

Registration



Form

Cost:
\$35.00

Child's Name _____

Parents' Name _____

E Mail _____

Address _____

City _____ **State** _____ **Zip** _____

Guardian's Phone Number: (cell) _____ - _____ - _____

(other) _____ - _____ - _____

Last Grade Completed (*circle one*) PreK K 1st 2nd 3rd 4th 5th

Age _____ **Shirt Size** (*circle one*) S M L XL

Home church (*if not TBBF*) _____

Medical Conditions/ Allergies _____

Emergency Contacts (*provide two*)

_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>

_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>

THE BRIDGE BIBLE FELLOWSHIP MEDICAL CONSENT AND RELEASE FROM LIABILITY / MINOR

I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION.

As lawful consideration for permitting my child to participate in AWANA Clubs activities, I hereby release and discharge THE BRIDGE BIBLE FELLOWSHIP, it's officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I, my child, and the heirs, distributes, guardians, legal representatives or assigns of either of us now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my child's participation in such church-sponsored activities.

I hereby give my permission to the physician, nurse, or dentist selected by the THE BRIDGE BIBLE FELLOWSHIP to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

For promotional purposes,
videos and photographs are taken at AWANA Clubs.
Your registration constitutes permission for The Bridge Bible Fellowship to use your child's picture in promotional material.

Date: _____ Signature: _____

(Parent __ Legal Guardian __)

For Church Office Use Only

Payment Amount _____ Date Received _____ Initial _____

Payment type: Cash _____ Check # _____