



Bannockburn Baptist Church 2011-2012 Awana Enrollment & Medical Release

Child's Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Male _____ Female _____

Mother's Name _____ Home Number _____

Cell Number _____

Father's Name _____ Home Number _____

Cell Number _____

Family Email _____

School _____ Grade _____

Church _____

Emergency Contact _____

Relationship _____ Number _____

Allergies _____

Doctor's Name _____

Doctor's Phone Number _____

Shirt Size (**They run *very* small, please order big!**) _____

Book They Just Finished _____

I/We do hereby release Bannockburn Baptist Church, Austin, Texas, their staff, leadership and volunteers from any and all claims and liabilities of whatsoever nature both individually and collectively, that may arise from my child's participation in the Awana program. I/We further agree that Bannockburn Baptist Church representatives are authorized to obtain such medical, dental, surgical care or treatment as may be necessary, in their judgment, for my child, during his/her attendance in the Awana program.

Signature _____ Date _____