

Spinning Road Baptist Church
538 Spinning Road
Riverside, Oh 45431
Phone: (937) 252-5311

AWANA 2013-2014 Visitor Form

Please complete all sections and P R I N T in INK!

Child's First Name: _____ Last Name: _____

Age: _____ Birth Date: _____/_____/_____ Grade: _____ Gender: M / F (circle one)

Parent / Guardian Name (Circle one: Mother, Father, Guardian): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Email Address (For Club announcements and updates): _____ Home Church: _____

Friend who invited you: _____ Grade: _____

Do you currently attend an AWANA club? If so, where? _____

Please list any allergies/special concerns: _____

If you DO NOT want your child to be photographed, please check here: _____

Emergency Contact (other than parent/guardian): _____ Phone: _____

*your emergency contact is who we will call if we cannot reach you if needed tonight.

Medical RELEASE Authorization:

I hereby give permission to the physician selected by SRBC leaders to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; And to provide or arrange necessary related transportation for my child. I am aware that every precaution will be taken for the safety of my child. In the event of an emergency I will be contacted immediately. If I or my emergency contact person can not be reached, I hereby authorize the physician selected by SRBC leaders to secure and administer treatment which, in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed, including hospitalization, ambulance transport and paramedics for the above named child. I hereby agree to fully pay all costs of medical or dental care connected with this treatment, and/or incurred by SRBC or their agent.

I hereby release Spinning Road Baptist Church, Pastor, volunteers, agents, and vehicle driver of any vehicle driven (if transportation is part of an event) from liability

Parent/Guardian (of visiting child only) Signature: _____ Date: _____

This form must be signed by the parent/guardian of the visiting child in order for child to participate in the AWANA club at SRBC.

Church use only: Date received: _____