



Graham Road Baptist Church
 705 Graham Rd. - Cuy. Falls , OH 44221
 (330) 928-7742

September 7th-April 25th
 Wednesday Nights, 6:30-8:25 pm
 Students 3 years old thru 6th grade
 \$16.00 per child/per year dues:
 (Uniforms and books not included in dues)

Child's Name: _____ Preferred Name: _____
 Age: _____ Date of Birth: _____ Gender: _____ Grade: _____
 School Attending in the Fall: _____
 Home Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Father's Name: _____ Mother's Name: _____
 Child Lives With: _____ Home Church: _____
 Family E-mail Address: _____
 Emergency Contact (other than parents:) _____ Phone # _____

Graham Rd. Baptist Church Medical Release

This child has a known health condition: _____ If yes, please list the details of health condition.
 (including allergies to specific medications or food): _____
 Name of Medical Insurance: _____ Insurance ID #: _____
 Preferred Family Physician: _____ Phone #: _____
 Preferred Family Dentist: _____ Phone #: _____
 Preferred Hospital: 1) _____ 2) _____

CONSENT FOR MEDICAL TREATMENT (minor): As the parent or legal guardian of the above named child, I understand that my child may participate in physical activities such as those held during Game Time. As with any physical activity, there is the risk of injury. I fully accept this risk and hold harmless from any legal liability, Graham Rd. Baptist Church and any persons involved in the AWANA Club ministry. In the event of any emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs associated with any accident or treatment of my child.

Signature of Parent or Guardian: _____ Date: _____

Photo Release

I give permission for photographs/video of my child to be used by Graham Rd. Baptist Church.

Signature of Parent or Guardian: _____ Date: _____