SOUTHSIDE BAPTIST CHURCH AWANA REGISTRATION
2026-2027

Please Print Clearly:

Child's Last Name	First Name	Gender	Date of Birth	School Grade

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____Home Church:_____

Please list known allergies/medical concerns: _____

_____

EMERGENCY CONTACT INFORMATION:

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Other: _____Phone Number: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

I_____(parent's name) hereby authorize Southside Baptist Children's ministry leaders to administer first aid and to obtain and consent to on my behalf any emergency first aid or medical care by any physician or hospital for my child/children listed above. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

I **do / do not** (please circle choice) give permission for my child to be photographed or videoed and shown on church website, church social media and in church publications.

Signature of Parent or Guardian: _____ Date: _____

____I would like more information about Southside Baptist Church
____I would like to be contacted about how I may know Jesus Christ better