AWANA PROGRAM 2026-2027

WHITE TANKS SOUTHERN BAPTIST CHURCH
REGISTRATION FORM

Family Information

Childs Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian names(s): _____

Phone # _____ Cell # _____

Email Address: _____

Emergency Contact Name: _____

Phone for Emergency Contact: _____

Person picking up your child from Awana: _____

Clubber Information

Puggles (ages 2-3) ____ Cubbies (ages 3-5) ____ Sparks (grades K-2) ____

T & T (grades 3-5) ____ Trek (grades 6-8) ____ Journey (grades 9-12) ____

Girl ____ Boy ____ Age ____ Grade (Aug. 2026) ____ Date of Birth _____

Allergies or Health Concerns: _____

Handbook ($10) _____
(Cubbies-Journey)

Puggles Shirt ($10) _____

Cubbie/Sparks Vest ($10) _____

T & T Shirt ($15) _____

Amount Received $ _____

Check # _____

Cash _____

Date: _____

Received By _____

PLEASE FILL OUT MEDICAL FORM ON BACK

WHITE TANKS SOUTHERN BAPTIST CHURCH
INSURANCE INFORMATION REQUIRED

Do you have insurance? Yes _____ No _____

Name of Insurance : _____

Policy Number: _____

Contact Names & Phone Numbers: _____

_____

_____

I _____ hereby give permission for my child _____ to attend and participate in all activities sponsored by White Tanks Southern Baptist Church.

I authorize the adult, in whose care my minor child has been entrusted, to consent to x-ray, examinations, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to my minor child. Only under the advise of any physician or dentist licensed under the provisions of the "Medical Practice Act" on the medical staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned will be liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered to aforementioned child pursuant to this authorization.

The undersigned also hereby gives permission for the minor child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by White Tanks Southern Baptist Church.

Parent/Guardian: _____ Date: _____