



Bethel Evangelical Church
Awana Clubs
PO Box 65
Broadview, MT 59015
(406) 667-2148



2025-2026 AWANA REGISTRATION FORM

Please Complete All Information (on both sides):

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Father/Guardian: _____ Mother/Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

E-mail _____

- ☐ **Optional free-will donation.** Registration fee is not required. Donations are voluntary and appreciated. *Awana program expenses are \$40-\$50 per child* for books, uniform, and awards. **There will be a cost to replace lost books/uniforms.**

* Please make checks payable to: Bethel Evangelical Church and indicate "Awana" on memo line.

Home Church: _____

Specific food/medical allergies, health, or behavioral concerns: _____

Special Needs or Disability: _____

Phone number where you can be reached while your child is at Awana: _____

Emergency contact/phone number: _____

For safety reasons, children may not be unsupervised in the church parking lot. **Parents, please pick up your children inside (or at the east door) of the church after Awana.**

Please list those who have permission to pick up your child(ren):

Please complete and sign other side>>



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PARENTAL CONSENT FOR AWANA PARTICIPATION AND AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

To whom it may concern:

I do hereby grant permission for my child(ren) to participate in all aspects of the Awana Program at Bethel Evangelical Church. **I understand and give permission for my child(ren) to participate in the Awana program and games, photographs and video, and give emergency medical release.**

- I give permission for my child(ren) to be included in physical games that are structured and supervised, while understanding that physical injury and/or illness is possible with unforeseen circumstances. I understand that, in the event medical treatment is required, every effort will be made to contact me; however, if I cannot be reached, I give permission to the staff or leaders to secure the services of a licensed physician or emergency medical services to provide the care necessary for my child's well-being. I also understand that I am responsible for the cost of professional medical emergency care.
- I give permission for Bethel Evangelical Church to use photographs and/or video of my child(ren) for publicity purposes, including on the church website and social media.
- I give permission for my child(ren) to ride in any vehicle driven by an approved licensed adult chaperone while attending and participating in activities sponsored by Bethel Evangelical Church. My child(ren) and I understand that without exception, seat belts will be worn at all times.

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence for the Awana Club year, September 1, 2025, through April 30, 2026.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian: _____
(Print) (Signed)

Date: _____