

**SOUTHSIDE BAPTIST CHURCH AWANA REGISTRATION  
2025-2026**

**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