



# NBBC AWANA Sparks Order Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Item: Please check the items you wish to purchase	Price	Total
Sparks handbook (circle one): Skipper Hiker Climber	\$10.00 <input type="checkbox"/>	\$ _____
AWANA mesh backpack	\$6.00 <input type="checkbox"/>	\$ _____
Uniform (circle size): (6) (8) (10) (12) (14) (16) (chest size) 28" 30" 34" 37" 38" 43"	\$10.00 <input type="checkbox"/>	\$ _____
Dues (If you wish, you can choose to pay the full year of club dues):	\$15.00 <input type="checkbox"/>	\$ _____
		+
	<b>Total</b>	<b>\$</b> _____

Please make checks payable to NBBC.

Signature: \_\_\_\_\_



# NBBC AWANA Clubs Registration and Medical Release



As a parent and/or guardian, I authorize treatment under the discretion of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable attempt has been made to reach me by phone listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Nassau Bay Baptist Church from any liability thereof.

MINOR'S NAME: \_\_\_\_\_ M/F AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ Church your family attends: \_\_\_\_\_

Using public school age/grade standards, in what grade is child currently enrolled? \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARENTS/GUARDIANS NAMES: \_\_\_\_\_

HOME ADDRESS (If different from child's): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS (For Club announcements and updates): \_\_\_\_\_

**\*\*My child may be released to the following people:** (A photo ID may be required and staff has the authority not to release the child if one is not presented. Parents will be contacted at that time.)

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Other person or relative to be contacted in case of emergency:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please list below any specific medical allergies, chronic illness, or other conditions which the church should be aware of.

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. This release applies to all NBBC AWANA Clubs activities and outings from **Aug.31, 2011 to May 30, 2012.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\_\_\_\_\_ (Initials) **I understand that my child is not to bring a cell phone to Club.**