



NBBC AWANA T&T Order Form

Name: _____

Phone: _____

Item: Please check the items you wish to purchase	Price	Total
T&T handbook (circle one): Book1 Book2 Book3 Book4	\$9.00	<input type="checkbox"/> \$ _____
T&T Draw String Back Pack	\$4.00	<input type="checkbox"/> \$ _____
OR		<input type="checkbox"/> _____
AWANA Draw String Back Pack	\$6.00	<input type="checkbox"/> _____
Uniform style (select one):		<input type="checkbox"/> \$ _____
Circle size: Youth 10 12 14 Adult S M L XL	Casual T-shirt \$13.00	<input type="checkbox"/> \$ _____
(chest size) 15.5" 16" 17.5" 19.5 21.5 23.5 25.5		
Dues (If you wish, you can choose to pay the full year of club dues):	\$15.00	<input type="checkbox"/> \$ _____
		+
	Total	\$ _____

Please make checks payable to NBBC.

For Club Secretary – Payment received: _____ Check Number: _____



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.