



(Woodvale Baptist Church Inc)



CLUB ENROLLMENT FORM

All the information recorded on this form is collected and managed in accordance with the
Woodvale Baptist Church Privacy Policy

Enrollment of :

Family Name: Given Names: Date of Birth:.....

(Please print)

Parent/Guardian Name:

Home Phone: Mobile No:

Address: Suburb: PC:

Email : (for service of newsletters & notices)

Emergency Contact Name : Phone No:

(this is someone **other than** the Parent/Guardian listed above)

Mobile No:

Please answer the following questions:

- 1) If this is your first visit, did a friend invite you? YES / NO Name of Friend :
- 2) Do you regularly attend Sunday School and/or Church? YES / NO Church Attending:.....
- 3) Do you own a bible? YES / NO

Permission/Responsible Care

This information is being collected for the primary purpose of **Woodvale Baptist Church Awana** Youth Clubs and may be used for the secondary purpose of any similar Awana – activities, camps, outings and youth competitions, conducted by **Woodvale Baptist Church**.

By completing and signing this form you will be implying consent to have this information used for both primary and secondary purposes identified above. If you do not want this information to be used for any purpose other than the primary purpose you should notify in writing the **Awana Commander, C/- Woodvale Baptist Church, 67 Woodvale Drive, WOODVALE WA 6026**.

As the parent/guardian of

(Name of child)

I give permission for him/her to attend Awana Clubs. I acknowledge that although all care and supervision is taken, the leaders of Awana are free from responsibility for any accident or illness arising in the course of activities. In the event of any accident or illness, the leaders are authorised to obtain necessary medical assistance, for which I will meet all expenses.

I give permission for any photos taken at AWANA to be used only for use confined to Woodvale Baptist Church Y/N

I give permission for any photos taken at AWANA to be used on the AWANA Facebook page Y/N

Woodvale Baptist Church endeavours to maintain a peanut free environment at its Awana clubs therefore please indicate whether your child is allergic to peanuts, or any other substance.

Please indicate with an X

Allergic to peanuts? ☐ Yes ☐ No Allergic to any other substance? ☐ Yes ☐ No Name of substance:

Any other known medical/health condition the leaders should be aware of:

Medication required for my child:

Signed: Date :

(Parent/Guardian)

Name :

(Please Print)



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