



AWANA Registration 2019-2020

Child's Name	Age	DOB	Gender	Grade	Allergies/Meds/Special Notes
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<p>Name of Parent/Guardian _____</p> <p>Name(s) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home: _____ Mobile# _____</p> <p>Email: _____</p> <p>Do you attend a Church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Name of Church: _____</p>	<p>Emergency Contact Other than Parent/Guardian:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relationship to child: _____</p> <p>Please list anyone other than parents authorized to pick up the child(ren)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Special information for AWANA to know regarding your child:

Childs Names: _____ Information: _____

Childs Names: _____ Information: _____

Childs Names: _____ Information: _____

Term and Conditions and Medical Release

- I grant permission for my child/children to participate in the actives of the AWANA Clubs with Immanuel Baptist Church. I also grant permission for a photo of my child/children to be used for the end of they ear slide show and/or to appear among other general club photos as long as there is no identifying information shown.
- I understand that my child/children will participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully except this risk and hold harmless from all legal liability, Immanuel Baptist Church in any persons involved with the AWANA club ministry
- In the event of an emergency that requires medical treatment for the above said child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my children's well-being. I assume responsibility for all cost connected to any accident or treatment of my child/children.
- This release will be in effect starting September, 2019. My signature service to indicate my willingness for my insurance company _____ policy number: _____ to be billed for any and all medical fees and services. The name of my child/children's family doctor is: _____ and the telephone number for the family doctor is: _____

I have read and agree to the terms and conditions stated: X _____

Signature of Parent/Guardian Date

AWANA Use Only:

Child's Name _____	Club: _____
Child's Name _____	Club: _____
Child's Name _____	Club: _____
Child's Name _____	Club: _____