



AWANA Registration Form

Cubbies (PreK:3-5 year olds*)

***must be FULLY potty-trained and age 3 BEFORE September 1st, 2017**

Check the items you will need this year: Registration--\$25___ Book--\$10___ Bag(Opt.)--\$7 __ Vest--\$11___
TOTAL \$ _____

Name _____

Name of Parent(s)/Guardian(s) _____

Address _____

Email Address _____

Phone (Home) _____ (Cell) _____

Date of Birth _____ Current Age _____

Has your child participated in AWANA before? _____ If yes, last book completed: _____

Do you attend church? _____ Yes _____ No If yes, where? _____

Please list any allergies (food or other) _____

Are there any medical needs/conditions that we should know about? _____

In case of an emergency, how can we reach you? _____

Emergency contact person (other than yourself) _____ phone _____

Medical and Liability Release

***The undersigned being the parent or legal guardian of the above named children hereby saves and holds harmless the Palms Baptist Church of Twentynine Palms, CA and volunteers, jointly, severally, personally and each and every one of them, from acts or act and all claims or liabilities arising from the participation of said children in the activities and field trips described as follows: Awana Classroom and Outdoor Activities or those resulting from the transportation of said children to said activity or from said activity. The undersigned hereby authorizes the correct authorities to consent to any medical care treatment, or surgery which may be necessary due to any personal injury or illness of said children while attending said activity or while enroute to or from said activity.*

**Signature _____ Date _____ Effective until July 2018

Insurance Company _____ Policy # (or last 4 if military) _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____ Date _____

Amount Due _____

DATE PAID IN FULL _____

Fees paid: Amount _____ date _____

SIGNED _____

Amount _____ date _____

Amount _____ date _____

Amount _____ date _____

Please make checks payable to:

Palms Baptist Church

Amount _____ date _____