



AWANA Registration Form

Sparks (K-2nd grade)

Circle what items you will need this year: Registration--\$25__ Book--\$10__ Bag(opt.)--\$6__ Vest--\$11__
TOTAL \$_____

Name_____

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

Address_____

Email Address_____

Phone (Home)_____ (Cell)_____

Date of Birth_____ Current Age_____ Grade_____

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 I understand that as a precaution my child's name will not be published or linked with photographs.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

