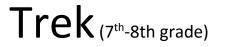
AWANA Registration Form





Circle what iter	ns you will need this		\$25 Book\$10_ NL\$	T-shirt \$15 Bag(opt) \$12
Name				
Name of Parent(s)/G	Guardian(s)			
Address				
Email Address				
Phone (Home)			(Cell)	
Date of Birth		Cur	rent Age	Grade
Has your child partic	ipated in AWANA bef	ore?	If yes, last book com	pleted:
Do you attend churc	h?Yes _	No	If yes, where?	
Please list any allerg	ies (food or other):			
Are there any medic	al needs/conditions th	nat we should kno	w about?	
In case of an emerge	ency, how can we read	ch you?		
Emergency contact p	person (other than yo	urself)		_phone
Twentynine Palms, CA and from the participation of s from the transportation of medical care treatment, o enroute to or from said ad	the parent or legal guardia d volunteers, jointly, severa said children in the activities f said children to said activi or surgery which may be new ctivity.	Illy, personally and eac and field trips describ ty or from said activity. cessary due to any per	ch and every one of them, bed as follows: Awana Clas The undersigned hereby sonal injury or illness of sa	I holds harmless the Palms Baptist Church of from acts or act and all claims or liabilities ari ssroom and Outdoor Activities or those resultir authorizes the correct authorities to consent t aid children while attending said activity or wh Effective until July 2
C C				
Permission to be Photo I give my permission for I buildings or website. I un	ographed or Filmed	d or videotaped. I und on my child's name wil	erstand that the image ma I not be published or linked	ay be displayed in the church publications, chu d with photographs.
Amount Due			DATE	PAID IN FULL
Fees paid:	Amount	date		SIGNED
	Amount	date		
	Amount	date		Please make checks payable to
	Amount	date		Palms Baptist Church