



Circle what items you will need this year: Registration--\$25\_\_ Book--\$10\_\_ T-shirt--\$15\_\_ Bag(opt) --\$12\_\_  
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 I understand that as a precaution my child's name will not be published or linked with photographs.*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**