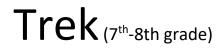
AWANA Registration Form





Circle itellis you	will fleed tills year. Neg	,istration 313 Book	310 1-311111(Opt)-	-\$13 Bag(opt)\$12 TOTAL \$	
Name					
Address					
Date of BirthCu		Curre	nt Age	Grade	
Has your child pa	orticipated in AWANA be	fore? If	yes, last book com	pleted:	
Do you attend ch	urch?Yes	No If	yes, where?		
Please list any all	ergies (food or other): _				
Are there any me	edical needs/conditions	that we should know	about?		
In case of an eme	ergency, how can we rea	ach you?			
Emergency conta	act person (other than yo	ourself)	phone		
from the participation from the transportation medical care treatment enroute to or from sa	n of said children in the activition on of said children to said activ nt, or surgery which may be n nid activity.	es and field trips described vity or from said activity. The ecessary due to any persol	d as follows: Awana Class The undersigned hereby a nal injury or illness of sa	from acts or act and all claims or liabilities arising sroom and Outdoor Activities or those resulting authorizes the correct authorities to consent to any id children while attending said activity or while Effective until July 2019	
Permission to be Parties I give my permission buildings or website.	hotographed or Filmed	ed or videotaped. I unders tion my child's name will n	stand that the image ma ot be published or linked	y be displayed in the church publications, church 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	
	Amount	date			