



Vintage Park Community Church
Awana Youth Ministries
Registration

For Office Use Only Page ___ of ___	
Reg date	___/___/20___
Form of Pmt	_____
Amt Pd	<input checked="" type="checkbox"/>
F1 date	<input checked="" type="checkbox"/>

1 Child's Name _____ Boy Girl Age ____ Birthday ___/___/___

Trek 7th 8th **JOURNEY** 9th 10th 11th 12th Child's email _____

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders

2 Child's Name _____ Boy Girl Age ____ Birthday ___/___/___

Trek 7th 8th **JOURNEY** 9th 10th 11th 12th Child's email _____

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders

3 Child's Name _____ Boy Girl Age ____ Birthday ___/___/___

Trek 7th 8th **JOURNEY** 9th 10th 11th 12th Child's email _____

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders

4 Child's Name _____ Boy Girl Age ____ Birthday ___/___/___

Trek 7th 8th **JOURNEY** 9th 10th 11th 12th Child's email _____

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders

Annual Registration Fees: 1 child=\$40	Page ___ of ___	Total # of children	
Donation to VPCC Awana? \$ _____		Total reg fees	\$ _____

Make checks payable to vpcc

Please complete a separate form for additional children. Please complete an *Awana Clubs* form to register younger children.

_____ Please initial here if family information and signature are provided on a separate form.

Dad's Name _____ Dad's Cell _____ Dad's E-mail _____ Living with child?

Mom's Name _____ Mom's Cell _____ Mom's E-mail _____ Living with child?

Home Phone _____ Address _____ City _____ Zip _____

Receive Texts No Yes Home Church: VPCC Other _____ None

If your children have attended Awana elsewhere, please provide the church's name/city so we may retrieve their records: _____

Emergency Information and Medical Release: *In the event that my child is injured while under the care of the VPCC Awana Club and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary.*

Emergency Contact: Name _____ Phone _____ Relationship _____
(If none of the phone numbers listed above can be reached)

Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone _____ Preferred Hospital _____

Liability Release: *I understand that participation in Awana carries certain physical risks and do hereby release Vintage Park Community Church, Awana Clubs International, and their representatives from any liability due to accident or injury incurred by my child. I also authorize Vintage Park Community Church and Awana to publish photos on their websites and brochures for promotional purposes. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.*

Parent/Guardian Signature _____ Date _____

Please notify us if any information changes.