

**2011-2012 AWANA REGISTRATION**

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Number/Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Church Attending \_\_\_\_\_

Does your child have any medical condition leaders should be aware of?  
\_\_\_\_\_

Who is authorized to pick up the child? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Cost is \$20.00 plus the cost of a uniform

**PARENTAL COMMITMENT AND MEDICAL RELEASE**

I am the parent of \_\_\_\_\_  
I will try to have my child attend AWANA regularly, so he/she will get the most out of the program.  
I will encourage and help my child to achieve in their handbook and other club activities.  
I will support the AWANA leadership in club guidelines and standards of conduct.  
I give permission to club leadership to authorize or administer medical attention to my child if they deem it an emergency during club activities. I understand that every effort will be made to contact me as quickly as possible. In case of emergency, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Parent/Guardian) (Phone)

\_\_\_\_\_ at \_\_\_\_\_  
(Physician) (Phone)

\_\_\_\_\_  
Signature of Parent/Guardian Date