

2009-2010 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 \$30.00

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