

AWANA REGISTRATION FORM 20__-20__

Fill in school year (i.e. 2014-2015)

Both sides of the AWANA registration form must be completed, signed and returned by the second visit to AWANA. Dues are 75 cents a week (or \$20 yearly if paid at registration). Please make checks payable to **Grace Church**. You can write 1 check for all clubbers! Please return these forms to your child's secretary.

FAMILY INFORMATION:

Parent(s)/Guardian(s) Name: (First and Last) _____

Address _____

Home Phone: _____ Cell Phone: _____ Texting? Yes No

Church: _____ Email: _____
(email will be used for notification purposes only)

How did you hear about us?: Friend Church Garage Sale Website Other _____

EMERGENCY CONTACTS (please specify at least 1)

1. Contact Name: _____ Phone: _____
2. Contact Name: _____ Phone: _____
3. Contact Name: _____ Phone: _____

Medical Information

Family Physician: _____ Phone: _____

CLUBBER INFORMATION

Please list all clubbers in your household, their birthdays, grades and allergies or special needs that would assist in a medical emergency:

<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Allergies</u>

FOR CUBBIES ONLY: Who may pick up your child?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please complete and sign the back of this form!

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Clubber's Name: _____ Grade: _____

Permission form

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for the AWANA Club year from September 1st of the beginning of the club year through August 31st of the following year. (i.e. September 1, 2014 – August 31, 2015).

I agree that a photocopy or reproduction of this permission form will serve as my authorization as described above.

Signed: _____ Relation: _____ Date: _____

Media Release

Throughout the club year we take photographs of the events taking place. We then use these photographs within the church such as slide shows and outside of the church to promote the club (through brochures, website, and facebook). Please check one of the following:

I grant permission to Grace Church to use my child's photograph for use both within the church and outside of the church.

I grant permission to Grace Church to use my child's photograph within the church ONLY.

I do NOT grant permission to Grace Church to use my child's photograph.

Signed: _____ Relation: _____ Date: _____