AWANA Registration Form

ousenoid information: Parent/Guardian #1:									
· · · · · · · · · · · · · · · · · · ·		State:	Zip Code:						
	City: State: Zip Code: Receive Texts? Yes No								
Parent/Guardian #2:									
Address:	City:	State:	Zip Code:						
		ive Texts? Yes N							
Other Emergency Co.	ntacts:								
Name:		Phone #:							
Name:		Phone #:							
Others Authorized to	Pick up Your Child:								
Name:	ne: Phone #:								
Name:		Phone #:							
What church do you	attend?								
(Church atten	dance is NOT require	d. Enter NONE if you d	on't attend a church)						
Please put my child o	on the pick-up/drop-of	ff list: YesNo							
Gender: Male Current Grade: Birthdate: New to AWANA? You Has an AWANA unit Shirt size: Special Notes: (Pleas	es No form? Yes No e enter and special no		about your child. For						

Medic	al Release:								
	As a paren	t/guardian, I giv	ve my permiss	sion for		(enter child's name)			
	to attend A	WANA activit	ies including 1	regular clul	b nights and a	ny special activities from			
	September	(enter	year) through	May	(enter yea	ar). I authorize treatment			
	under the d	direction of any	licensed phys	sician of the	e above mino	r in the event of a medical			
	emergency	emergency which in the opinion of the attending physician my endanger his or her life,							
	cause disfi	cause disfigurement, physical impairment or undue discomfort if delayed. This authority							
is granted after reasonable effort has been made to reach me by phone. I will n									
	church, or	their staff, adm	inistration, or	workers, li	iable for any i	njury to or loss of			
	possession	s by the above 1	minor during	any activity	y either on the	church property or			
	away, inclu	uding regular m	eetings as we	ll as specia	l events.				
	YES	_, I give permis	sion as stated	above for	my child rega	rding medical care			
	NO	, I do NOT give	permission for	or my child	d to receive m	edical care			
	Signature:				Please P	rint Initials:			
Photo	Release:								
	Photograpl	hs are sometime	es taken of AV	VANA mir	nistry activitie	es for publicity and			
	promotion	al purposes, wh	ich include, b	ut are not 1	imited to, chu	rch web site, church			
	announcements, brochures and newsletters. By signing below, you are granting the								
	church to use photographs of the above-mentioned minor(s) as stated.								
	YES	, I grant permi	ssion for use o	of photogra	phs of my ch	ild as stated above.			
	NO	, I do NOT auth	orize use of p	hotographs	s of my child.				
	Signature:				Please P	rint Initials:			