



# 2016-17 Registration



**GRACE**  
BIBLE CHURCH

Parent/Guardian Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Wednesday evening emergency contact phone # (if different from above): \_\_\_\_\_

Alternate emergency contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Church (if any) you attend on Sunday mornings: \_\_\_\_\_

Invited to Awana by: \_\_\_\_\_

*I have read and agree to the Consent form on the reverse side.*

\_\_\_\_\_  
Authorized signature Date Relationship to child (circle one):  
Father Mother Legal Guardian

**Child 1**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Any other information about your child that may help the Awana staff (e.g., medical condition, allergies, dietary restrictions, medications)?

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**Child 2**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Any other information about your child that may help the Awana staff (e.g., medical condition, allergies, dietary restrictions, medications)?

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**Child 3**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Any other information about your child that may help the Awana staff (e.g., medical condition, allergies, dietary restrictions, medications)?

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**Child 4**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Any other information about your child that may help the Awana staff (e.g., medical condition, allergies, dietary restrictions, medications)?

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# ***Permission Slip / Parental Consent / Medical Release***

*Please sign on reverse side to indicate agreement.*

By signing on the reverse side, I give permission for our (my) child(ren) to attend and participate in any activities sponsored by the Awana Clubs of Grace Bible Church from September 1, 2015 to May 31, 2016.

In case of medical emergency, we (I) authorize an adult, in whose care the minor has been entrusted, to sign for and/or administer any necessary medical or dental care for my child(ren) named on the reverse.

We (I) also give permission for our (my) 3rd-6th grade child(ren) named on the reverse to ride in any vehicle driven by an authorized adult while attending and participating in a pre-planned and announced off-campus Awana activity. I will not hold Grace Bible Church or any of its affiliates liable for any illness or accident that occurs to my child, or any expense incurred in the treatment thereof while my child is attending Awana clubs.