



2017-18 Registration



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)?		

office use only
Regst <input type="checkbox"/>
Unif <input type="checkbox"/>
Book <input type="checkbox"/>

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)?		

Regst <input type="checkbox"/>
Unif <input type="checkbox"/>
Book <input type="checkbox"/>

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)?		

Regst <input type="checkbox"/>
Unif <input type="checkbox"/>
Book <input type="checkbox"/>

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)?		

Regst <input type="checkbox"/>
Unif <input type="checkbox"/>
Book <input type="checkbox"/>



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, 2017 to May 31, 2018.

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.