



2011-12 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: _____ Grade: _____ Gender: _____
 Age: _____ Birthdate: _____
 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: _____ Grade: _____ Gender: _____
 Age: _____ Birthdate: _____
 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: _____ Grade: _____ Gender: _____
 Age: _____ Birthdate: _____
 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: _____ Grade: _____ Gender: _____
 Age: _____ Birthdate: _____
 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 do hereby 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, 2011 to May 31, 2012.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic; medical; surgical or dental diagnosis or treatment; or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.

We (I) also hereby give permission for our (my) child(ren) to ride in any vehicle driven by an authorized adult while attending and participating in Awana activities. 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.