



AWANA REGISTRATION 2009-10

Child's Name _____

Date of Birth: _____

Age: _____ Grade _____

Address: _____

City: _____ ZIP _____

Home Phone _____

Church Child Attends: _____

Check which Club child is registering for:

___ **Cubbies -3 Yr-Pre-K** (must be 3 years old by September 15 and potty trained)

___ **SPARKS- K-2nd Grade** (boys & girls)

___ **TNT-Chums—3RD & 4TH Grade Girls**

___ **TNT-Guards-5th & 6th Grade Girls**

___ **TNT-Pals- 3rd & 4th Grade Boys**

___ **TNT-Pioneers- 5th & 6th Grade Boys**

Parent/Guardian Name(s)

Phone # to reach parent or guardian during club time: _____

Email Address: _____

Emergency Contact: _____

Relationship to child _____

Phone # _____

Allergy Alert: _____

Child's Physician Name & Phone#

Medical Alerts (please include activity restrictions and any medication knowledge we should be aware of):

Other Information parent would like us to know

MEDICAL RELEASE FORM

I understand that all reasonable safety precautions will be taken by LIFE FELLOWSHIP and its agents during AWANA. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold LIFE FELLOWSHIP, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that in the event medical intervention is needed every attempt will be made to contact the emergency contacts listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

___ I have read the above permission form and agree.

Form completed by:

Name _____
(please sign)

Relationship to child: _____

