

AWANA Registration

One per child

For admin use only:
Cubbies Preschool
Sparks K-2nd
T&T Girls 3rd-5th
T&T Boys 3rd-5th

Child's Name: _____ Age: _____

Birthday: _____ Gender: M / F Grade: _____

Address: _____

City: _____ Zip code: _____

Parent/Guardian Name(s): _____

Phone: _____ Mobile: _____ Email: _____

Child's School: _____

Do you attend a church? _____ If yes, name of church _____

Emergency Information

Allergies or Special Information (Medications, activity restrictions, etc)? Yes No

If yes, please list: _____

Emergency Contacts (other than parent/guardian)

1. Name: _____ Phone: _____ Relationship to child: _____

2. Name: _____ Phone: _____ Relationship to child: _____

In addition to persons listed above, I give permission to release my child to: _____

Terms and Conditions

1. I consent to and approve my child taking part in any and all activities conducted by AHCC AWANA Club. I understand that my child may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and consent to the treatment of any minor injuries of my child, and release, hold harmless and indemnify AHCC AWANA Club and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. In the event of an emergency that requires medical treatment for my child, I understand every effort will be made to contact me or my emergency contacts. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being.

2. I give permission for photo(s) of my child to appear among general club photos in any and all media as long as there is no identifying information published.

I have read and agree to the Terms and Conditions stated above.

Printed Name of Parent/Guardian

Parent/guardian signature

Date