

REGISTRATION FOR AWANA CLUBS
with Parent/Guardian Authorization and Consent for Treatment of Minors

Child's Name _____
 Address _____ City _____ Zip _____
 Phone () _____ Age as of Sept. 1 _____ Grade _____ Sex _____
 Birthdate _____ Brought by _____

Church Affiliation: Church attendance is not required for AWANA participation! But, if your family does attend one church regularly, please tell us: Church _____

City _____ Years? _____ Member? _____ Pastor's Name _____

Parent/Family Information:

Dad's Name _____ Stepfather

Address _____
(if different from child's)

Mom's Name _____ Stepmother

Address _____
(if different from child's)

Email Contact _____

Phone Contacts (indicate (H) home, (W) work, (C) cellular, or (P) pager)
Please circle the number where you can be reached on AWANA nights.

| | | | |
|-------------------------|------|-----|-----------------------------|
| Other children at home: | Name | Age | Also registering for AWANA? |
|-------------------------|------|-----|-----------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Is either parent an AWANA leader/volunteer? _____ If no, are you interested in helping? _____

| | |
|--|--------------------------|
| Office Use Only | |
| Date Enrolled: | Date _____ |
| Annual Fee (includes registration, Book & Uniform) | Amount _____ Rec'd _____ |
| Club: | Vest/Shirt Size _____ |

Authorization and Medical Release Form

Child's Name _____

Person to Contact in Case of Emergency _____
 Name _____ Phone _____

PERSONAL HEALTH INSURANCE COMPANY _____ POLICY NO. _____

This is to certify that my above named son/daughter has my permission to participate in the Awana Club Ministry of East Parkway Church, Granite Bay, California, from September 11, 2011 – May 20, 2012. Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither the church nor any of its adult supervisors responsible for any accident or illness that may occur. I also hereby empower the adult leaders of this activity to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibility involved.

Please list any medical problems or allergies: _____

DATE _____ (Signature of Parent or Guardian) _____

Church insurance begins where the individual's health and accident insurance policy terminates and is only valid when other insurance has been extended to its limits. In case of no personal policy, East Parkway Church's policy will provide complete coverage within its limits.