

AWANA REGISTRATION FORM 2018-2019

Oldest Child Last Name _____

Place a checkmark next to the primary contact

Mother's Name

Cell Phone

Home Phone

Father's Name

Cell Phone

Home Phone

Mailing Street Address, City, State, ZIP

Email Address

Church You Attend (if applicable)

Emergency Contact/Alternate Pick-Up Person

Emergency Contact Night Time Phone #

Please list your children who are registering for Awana:

<u>Name</u>	<u>M/F</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Grade</u>
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

Medical Concerns (allergies, physical limitations, medical conditions, etc.)

<u>Child's Name</u>	<u>List Concern(s)</u>
_____	_____
_____	_____

MEDICAL PERMISSION

I, the parent/guardian of the children listed above give my consent to the Awana leaders (in the event of emergency and if contact cannot be made with myself) to authorize medical treatment, including X-rays, anesthetics, and hospitalization for my children which is deemed advisable by a physician licensed under the provisions of the medical practice act. I understand I am responsible for the total cost of any such treatment. This consent shall remain in effect from 9/1/18 through 6/30/19 while attending any Awana-sponsored event of Walnut Hill Bible Church.

Parent/Guardian Signature

Date

Physician Name

City or Clinic

Medical Insurance Carrier

Group #

ID#

