



2009-2010 AWANA Registration Form

Child's Name: _____ Male Female

Age: _____ DOB: ____/____/____ Grade: _____

Address: _____ City: _____ St: ____ Zip: _____

Home phone: _____ Email: _____

Parent/Guardian: _____ Relationship to child: _____

Cell phone: _____

Parent/Guardian: _____ Relationship to child: _____

Cell phone: _____

Church that you regularly attend and/or are a member of:
____ Friendship Agape Church Other: _____

Is your child a Christian: ____yes ____no ____I don't know

Has your child previously been in AWANA? ____yes ____no
If yes, what handbook is he/she in? _____

Does your child have the appropriate uniform for his/her level? ____yes ____no

Custody concerns? ____yes Please notify class leaders regularly, and list them here: _____

Would you be willing to serve in one or more of the following areas?

- Leader Snacks Substitute Helper

Registration fee: \$39.00 per child per year

Child's shirt size:

- T Size 4 5 6 8 10 12 14 16 Adult Small
Adult medium Adult large Adult X Large

Medical Release Form

Child's Name: _____

In case of an emergency, notify: _____ Phone: _____

My child will be picked up by: _____

Does child have a special need or disability? _____

List health or behavioral concerns: _____

Current medical situation:

Allergies: Food: _____

Penicillin or other drug: _____

Pertinent information: _____

Other: _____

Current medication: _____

Doctor's name & phone: _____

Insurance provider & policy: _____

As a parent/guardian, I do herewith give my permission for the following minor _____ to attend Awana activities including regular club nights and any special activities from August 7, 2009, to June 11, 2010. I do herewith authorize treatment under the direction of any licensed physician of the following minor _____ in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after reasonable effort has been made to reach me by phone at the numbers listed above. I do herewith declare that I will not hold Friendship Agape Church, Awana Clubs International, or their staff, administration, workers or sponsors liable for any injury to or loss of possessions by the following minor _____ during any activity either on the church property or away, including regular meetings as well as special events.

Signature of Parent/Guardian: _____ Date: _____

From time to time during the club year videos, photographs, and/or slides will be taken of our Clubbers. These will be used for publicity purposes only. Your signature below grants permission for Friendship Agape Church to use videos, photographs, and/or slides of your child for publicity purposes.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only:

Amount paid at Registration: \$ _____ Cash / Check #: _____

Name on Check: _____ Date Registered: ____/____/____