

AWANA Registration Form

Parent/Legal Guardian Information

Name of Guardian:		Relationship to child:	
Address:		Email:	
City:	State:	Zip:	
Home Phone:		Mobile Phone:	
Do you attend a church? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend our church? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of Church:	

Emergency Contact (other than parent)

Emergency Contact 1:	Phone:	Relationship to child:
Emergency Contact 2:	Phone:	Relationship to child:

Clubber Information

Name of Child #1:		Gender:	Club: <input type="checkbox"/> Puggles (older 2s) <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd - 4 th) <input type="checkbox"/> T&T (5 th - 7 th)
Age:	Grade:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			
Name of Child #2:		Gender:	Club: <input type="checkbox"/> Puggles (older 2s) <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd - 4 th) <input type="checkbox"/> T&T (5 th - 7 th)
Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			
Name of Child #3:		Gender:	Club: <input type="checkbox"/> Puggles (older 2s) <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd - 4 th) <input type="checkbox"/> T&T (5 th - 7 th)
Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			
Name of Child #4:		Gender:	Club: <input type="checkbox"/> Puggles (older 2s) <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd - 4 th) <input type="checkbox"/> T&T (5 th - 7 th)
Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Terms and Conditions

- 1.) I consent to and approve my child/children taking part in any and all activities conducted by Barrhead Alliance Church AWANA clubs. 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 AWANA and the Church and their staff and volunteers from any and all liability, claims and costs arising from such treatment. In the event of an emergency that requires medical treatment for the above mentioned child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 2.) I understand that any off-property Awana excursions will be communicated with me beforehand and I will be required to sign a separate medical release form in order for my child to participate in those excursions.
- 3.) I give permission for photo(s) on my child/children to appear among other general club photos in any and all media as long as there is no identifying information published. I hereby waive any cause of action I may have because of the use of my child's photograph.

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

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____