Welcome to AWANA 2016-2017

☐Puggles ☐Cubbies ☐Sparks ☐Truth & Training ☐Trek ☐Journey 24/7

Student Info:

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Cell Phone** _____

Email _____

Birthday _____ **Age** _____

School _____ **Grade** _____

Parents/ Family Info:

Father/Guardian's Name: _____

Church _____

Member: ☐ **Yes** ☐ **No**

Mother/Guardian's Name: _____

Church _____

Member: ☐ **Yes** ☐ **No**

Sibling(s) Name and Ages:

_____

_____

_____

Do they come to AWANA Too? Circle their names.

Dear Parents:

We want to keep you in the loop with what's happening at Awana & upcoming events.

May We Contact

You by: ☐ Email ☐ Phone ☐ Mail ☐ Church Mailing List

Your Child by: ☐ Email ☐ Phone ☐ Mail ☐ Church Mailing List

Pick-up Release

We want to ensure the safety of your student(s). *Children will only be released to an authorized person or with written permission from the authorized guardian.*

Who is authorized to pick up this child:

Name(s) _____

_____

Guardian's Signature _____

Date _____

In Case of an Emergency, Who may we contact?

Name & Phone _____

Please turn this form over, fill out & sign the Medical Release form on the Back, we want your student(s) to have a safe & fun time with us at Awana!

Revised 8/21/14

CLUB USE ONLY

Notes

Team Color

Uniform

Book

Yearly Dues

Date:

Amount:

Medical Release

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me.
However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well -being.

Signed: _____ **Date:** _____

Parent or Guardian

Pediatrician: _____ **Phone:** _____

This medical release expired nine months from above date

Date of last tetanus shot: _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information/special needs.

_____

_____

_____