

# Welcome to AWANA 2018-2019

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!

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.

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