

AWANA Registration Form

(One per Family)

	Child's First & Last Name	M or F	Age	Grade Going Into	Birthdate (month/day/year)
1.					
2.					
3.					
4.					
5.					

Parent/Guardian First & Last Name _____

Address _____

City _____ Zip _____

Phone _____

Parent/Guardian Email _____

(We occasionally send out reminders and notes during the year; please include your email to be notified.)

Child's Home Church _____

Emergency Contact (other than listed parent/guardian):

Name (First & Last) _____ Relationship to Child _____

Phone 1 _____ Phone 2 _____

AWANA Medical Information & Release Form

I understand that if medical intervention is needed, every attempt will be made to contact myself (the parent/guardian) first, or secondly, the listed emergency contact person. If I cannot be reached, I give permission to the doctors/hospitals chosen by the Pastoral staff or AWANA leader in charge to decide on whatever immediate medical intervention is deemed necessary until I can be reached. I understand that all reasonable safety precautions will be taken at all times by Shores Community Church. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I understand that my insurance coverage for my child will be primary in the event that medical intervention is needed. The information below may be used to best treat my child until I can be contacted.

Child's/Children's First & Last Name(s) _____

Doctor's Name _____ Phone _____

Insurance Company _____ Group # _____

Any known food/medical allergies (circle one): Yes No

If yes, please list: _____

Parent/Guardian Signature

Date

My child (children), listed above, has my permission to attend AWANA at Shores Community Church during the school year and to participate in any off-campus events that are related to AWANA.

Photo Release: I (we) understand that as a participant in Shores Community Church's AWANA program, my child(ren) may be photographed or videotaped during these events. I also understand that these may be used in presentation and promotional materials. I (we) give my (our) permission for my child(ren) to be photographed or videotaped.

Parent/Guardian Signature

Date