

AWANA REGISTRATION FORM 2019-2020

Both sides of the AWANA registration form must be completed, signed, and returned by the second visit to AWANA. Dues are one dollar a week (or \$20 yearly if paid at registration). Please make checks payable to Grace Church. You can write 1 check for all clubbers! Please return these forms to your child's secretary.

FAMILY INFORMATION: Parent(s)/Guardian(s) Name: _____

Address _____

Home Phone: _____ Cell Phone: _____ Texting? Yes No

Church: _____

Email: _____ (email will be used for notification purposes only)

How did you hear about us?: Friend Church Garage Sale Website Other _____

EMERGENCY CONTACTS (please specify at least 1):

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Please list all clubbers in your household, their birthdays, grades and allergies or special needs that would assist in a medical emergency (attach additional names):

Name	Birthdate	Grade	Allergies/Other

AREA OF INVOLVMENT

Every family (whether a Grace family or not) participating in AWANA at Grace Church will be asked to pitch in and help in some way. Let us know at what level your family wants to participate:

- AWANA Leader.** BEST way to serve with your children, time commitment is every week of AWANA + Child Protection Training.
- AWANA Listener.** Great way to serve with your children, time commitment is a minimum of one week/month, Child Protection Training ideal.
- AWANA Special Events.** Good way to serve AWANA children (not necessarily your child's age group), time commitment is two events/shopping/planning per semester.
- AWANA Provision.** While this doesn't allow you to have sweet learning time with your children, it does help us to provide opportunities and scholarships for other children. Cost is \$50 (in addition to your own child's fees). This is less than \$1.50/week; write a separate check for tax deduction.
- I attend Grace Church and currently serve as _____ in the Kidzone or Youth Program.

Please complete and sign the back of this form.

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MEDICAL RELEASE

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for the AWANA Club year from September 1st of the beginning of the club year through August 31st of the following year (i.e. September 1, 2019 – August 31, 2020). I agree that a photocopy or reproduction of this permission form will serve as my authorization as described above.

Signed: _____ Relation: _____ Date: _____

PHOTO/VIDEO RELEASE

Throughout the club year we take photographs of the events taking place. We then use these photographs within the church for such things as slide shows. Please sign if in agreement.

I grant permission to Grace Church to use my child's/children's photograph(s) within the church.

Signed: _____ Relation: _____ Date: _____

FOR CUBBIES ONLY: Who may pick up your child?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Clubbers' Names: _____