

AWANA Registration 2018-2019

Clubber's Name: _____ Date of Birth _____ Grade _____
Shirt Size _____ Check one: Cubbie___ Sparks___ T&T___

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Parent's/Guardian's Names: _____

Address: _____

City and Zip: _____ Church: _____

Phone Number: (____) _____ Cell: (____) _____

Family E-mail: _____

Please complete. E-mail address will be used for communication and notification of cancellation.
[If you would like to receive our newsletter please check here. ____]

In case we cannot reach you in an emergency, please notify: _____

Phone: (____) _____ Relationship: _____

May we use photos of your child in publicity materials (website &/or handouts)? _____

PERMISSION & MEDICAL RELEASE FORM

As the parent/guardian of _____, I hereby permit him/her to participate in all AWANA games and activities. In consideration of my child/ward participating in these activities, I hereby release the Pataskala Grace Brethren Church, its staff, sponsors or volunteers of any liability which might result due to injury or illness of my child during the 2018-2019 club year. I understand that reasonable precautions will be taken to safeguard my child.

In the event of injury to my child, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any AWANA program related activities.

____ **YES**, I give the Awana Volunteer Staff of Pataskala Grace Brethren Church permission to secure emergency medical transportation for my child to the following hospital/healthcare facility: _____
Please list any/all allergies, illnesses, medications or medical conditions that will assist physicians caring for your child/ward:

____ **NO**, I do not give the Awana Volunteer Staff of Pataskala Grace Brethren Church permission of secure emergency transportation for my child to a local hospital or healthcare facility.

Signature: _____ Printed name: _____

Relationship: _____ Date signed: _____