



AWANA Registration Form  
2016-2017

PLEASE COMPLETE BOTH  
SIDES OF FORM

**PLEASE FILL OUT A SEPARATE FORM COMPLETELY FOR EACH CHILD ENROLLING. THANK YOU.**

**Child Information**

Name	Gender	Birthdate	Grade in Fall	Medical/Allergy Special Needs
	M / F		K-2 3rd-5th grade	
<b><i>*If any medical, allergy or special needs are indicated please note details below:</i></b>				

**Family Information**

Parent/Guardian Name(s):		Church You Attend	
Address:		Phone:	
Email:	Mom Cell:	Dad Cell:	
Person(s) authorized to pick up your child:		Special Circumstances (pick up):	
I authorize my child(ren) to be photographed for the purpose of advertisement for Awana or other ABC venues or the church website:			
Photo Release		Parent/Legal Guardian Signature	Date

Medical Release: I (we) the undersigned parent(s) of/guardian(s) of \_\_\_\_\_,  
a minor, do hereby authorized adult volunteers of Ashland Baptist Church as agent(s) for the undersigned,  
to consent to any medical or surgical care deemed advisable by an accredited physician or surgeon in an  
emergency clinic or hospital.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy or Group No: \_\_\_\_\_

Parent /Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_