

AWANA Registration Form v.12/2017

Family Last Name: _____

First Name: _____ Age: _____ Grade: _____ Birth Date: _____ School: _____

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Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian Names: _____

E-Mail Address: _____ Phone: _____

Invited By: _____ Church Attended: _____

Person(s) other than parent or guardian authorized to pick up my child: _____

Special Needs / Allergies / Other Concerns: _____

Phone number you can be reached at while your child is at AWANA: _____

Emergency contact- Name and Phone Number: _____

*****If you are interested in a need-based scholarship, please contact the AWANA Commander*****

I give my permission for my child(ren) to participate in all aspects of the AWANA program at Crosspoint Church. I understand and give permission for my child **to participate in AWANA programs, games, photographs, and give emergency medical release.** I also give permission for my child to be included in physical games that are structured and supervised, but that physical injury is possible with unforeseen circumstances. I (we) also 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 permission to the staff or leader to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I (we) also understand that I am responsible for the cost of professional medical emergency care. I do hereby grant permission to record/photograph and display any media, video, and/or film products into any work product used by Crosspoint Church and to use or authorize the use of such media or any portion thereof in any manner of media or any means, methods, or technologies now known or hereafter to be known. 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 this AWANA club year.

Signed: _____ (Father / Mother / Guardian)

Date: _____