



AWANA Club Registration 2010 / 2011

(Please print information clearly)



Child Information:

Child's Name – First & Last _____ M / F _____
Circle Gender

Street Address/P.O. Box _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Birth Date (m/d/y) _____ Grade - Fall 2010 _____

Were you invited by a friend? _____ If yes, by who? _____

Parent or Guardian Information:

Full Name _____ Birth (m/d/y) _____ Relationship _____ Cell Phone Number _____

E-mail addresses (of parents/guardians)

Additional Information:

Emergency Contact Information – name and phone number

Primary Medical Provider (doctor)

Allergies or other medical issues for the child

Notes regarding child pick up

By registering my child for this AWANA club...

- I understand that Easthaven Baptist Church will not be responsible for any accident or injury that occurs to me or my family while participating in AWANA.
- I authorize the church and the child's leader to occasionally contact my child about club activities.
- I authorize the church to use photos taken during club for promotion.
- In case of accident or emergency, I authorize club leaders to take my child to a physician or hospital for emergency treatment. I authorize measures that are deemed necessary for the safety and protection of the child.

- Puggles, Cubbies and Sparks parents -I commit to following the club's process for check-in and check out.

- T & T parents - I authorize the AWANA leaders to release my child to the gym at 8:00pm.

Signature _____ Printed Name _____ Date _____

For Club Secretary use only:

Puggles (2 yr olds) Class _____ **Cubbies (3, 4, & 5's) Class** _____

Sparks (grades K – 2) _____ **Truth & Training (grades 3 – 5)** _____

Team Color _____ **Team Color** _____

Visitor