



2011 - 2012

Clubber Registration & Medical Release



Child's Name _____
 Address _____ Home Phone _____
 City _____ Zip _____ Birthday _____
 Age ____ Male Female Grade ____ Shirt Size ____ Uniform No
 Home Church _____ Needed Yes

Health issues:
 Allergies, restrictions and any thing else you think we should know?

Parent/Guardian (First & Last) _____
 Phone(____) _____ Cell(____) _____
 Address (If different) _____
 City _____ Zip _____ E-mail _____
Please print Clearly
 Would you be interested in volunteering in AWANA? Yes No

Parent/Guardian (First & Last) _____
 Phone(____) _____ Cell(____) _____
 Address (If different) _____
 City _____ Zip _____ E-mail _____
Please print Clearly
 Would you be interested in volunteering in AWANA? Yes No

Child Pick-up
 Other than parent/guardian, who has permission to drop-off / pick-up your child(ren)?
 Name _____ Phone(____) _____ Name _____ Phone(____) _____
 Is there anyone who does not have permission to pick-up your child(ren)?

 If I cannot be reached in an emergency, please notify: _____ Phone (____) _____

Medical Release
 "In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child mentioned above as deemed necessary."
 Hospital you prefer _____
 Health Care Provider _____ Medical # _____

Parent/Guardian's Signature _____ **Date** _____

Print Name _____

Note:
 No payment is needed for first time visitor

For official use only
 Date _____
 \$ _____ Registration
 \$ _____ Book
 \$ _____ Uniform
 \$ _____ =Total
 Cash _____
 Check # _____
 Cubbies (3&4yrs)
 Sparks (K, 1st, 2nd)
 Truth & Training (3rd-6th)
 Trek (7th-8th)
 Journey (9th-12th)

Please Notify Us If Any Of This Information Changes.