

AWANA REGISTRATION

(please print)

(as of September 1st _____)

Name _____

Age _____ Grade _____

Address _____

Boy _____ Girl _____

City _____ Zip _____

Date of Birth _____

Parents name _____

Phone _____

E-mail _____

Cell _____

Home church _____

Other siblings who are attending Awana _____

Permission to take photos or video of your child while at Awana Yes _____ No _____

Parents willing to: Help on shopping nights _____, treats for parties _____, other _____

Special needs or requests _____

EMERGENCY MEDICAL RELEASE

For Summit Church Awana Program, Awana Games, Awana Bible Quiz

As parent and/or guardian of above child, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Relationship of minor to person signing this form _____

Family Physician _____ Physician Phone _____

Specific medical allergies, chronic illness or other conditions _____

Other emergency contacts: Name _____ Phone _____

Name _____ Phone _____

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.

Signed _____ Date _____