AWANA Registration

2013-2014 Club Year

office Use Only
Dues
Uniform
Other

cash ck#

Name:________________________________grade____________

Address:_________________________City____________Zip_____

Phone: (hm)________________ Cell: Mom___________________

Cell: Dad___________________ Email:______________________

Parent/Guardian (Mother):__________________ (Father):________________

Additional Siblings attending club and their ages:_________________________

Age:_____grade_______ Age:______grade_____ Age:_____grade_______

Birthdate:___________Birthdate:_________ Birthdate:___________

Church Affiliation:____

Medical information: Please list any allergies, medical problems, medications, or health considerations:____

Medical Insurance:__________________________Policy or Card#_________

Primary Physician:__________________________Phone #:______________

If parent or guardian cannot be reached, please contact:

Name:____________________Relationship:___________Phone__________

In the event of an accident or other emergency, I hereby authorize an AWANA representative to arrange for my child to receive medical, dental, or hospital care, including transportation. I authorize the physician named above to undertake such care as considered necessary. In the event said physician is not available, i authorize such care and treatment to be performed by any licensed physician, dentist, or surgeon. I agree to pay all costs incurred.

Signature:____Date:__________