

AWANA REGISTRATION FORM 20__-20__

Fill in school year (i.e. 2021-2022)

Both sides of the AWANA registration form must be completed, signed, and returned by the second visit to AWANA. Dues are \$20/year or \$1/week. Please make checks payable to Grace Church. You can write 1 check for all clubbers! Please return these forms to your child's secretary.

FAMILY INFORMATION: Parent(s)/Guardian(s) Name: _____

Address _____

Home Phone: _____ Cell Phone: _____ Texting? Yes No

Church: _____

Email: _____ (email will be used for notification purposes only)

How did you hear about us?: Friend Church Garage Sale Website Other _____

EMERGENCY CONTACTS (please specify at least 1):

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Please list all clubbers in your household, their birthdays, grades and allergies or special needs that would assist in a medical emergency (attach additional names):

Name	Birthdate	Grade	Allergies/Other

NEW for 2021-22! Every family (whether a Grace family or not) participating in AWANA at Grace Church will be asked to pitch in and help in some way. Let us know at what level your family wants to participate:

- AWANA Leader. BEST way to serve with your children, time commitment is every week of AWANA + Child Protection Training.
- AWANA Listener. Great way to serve with your children, time commitment is a minimum of one week/month, +Child Protection Training.
- I attend Grace Church and currently serve as _____ on Wednesdays in the Kidzone or Youth Program.

Please complete and sign the back of this form!

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FOR CUBBIES ONLY: Who may pick up your child?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

_____ N/A OR _____ Initial

Clubbers' Names: _____

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/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. 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 the AWANA Club year from September 1st of the beginning of the club year through August 31st of the following year (i.e. September 1, 2016 – August 31, 2017). I agree that a photocopy or reproduction of this permission form will serve as my authorization as described above. _____ Initial

Throughout the club year we take photographs of the events taking place. We then use these photographs within the church for such things as slide shows and outside of the church to promote the club (through brochures, website, or Facebook).

Please check one of the following:

I grant permission to Grace Church to use my child's/children's photograph(s) for use both within the church and outside of the church.

I grant permission to Grace Church to use my child's/children's photograph(s) within the church ONLY.

_____ Initial

By attending Grace Church and/or activities which take place on the campus of Grace Church, at 1311 W Hovey Ave., Normal, IL, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and my children and other family members may become exposed to or infected by COVID-19 as a result of participating in the activities. I agree to waive liability against Grace Church and the activity sponsor and accept sole responsibility for any illness, injury, disability or death resulting from participation in the ministry activities. I also agree to comply with all regulations established by Grace Church, including all safety precautions.

_____ Initial

Signed: _____ Relation: _____ Date: _____