AWANA REGISTRATION
Calvary Church
2017-2018

Child's Name: _____

Date of Birth: _____

Sept '17 School Grade: _____ **Shirt Size** _____

Child's Name: _____

Date of Birth: _____

Sept '17 School Grade: _____**Shirt Size:** _____

Child's Name: _____

Date of Birth: _____

Sept '17 School Grade: _____ **Shirt Size:** __ _____

Child's Name: _____

Date of Birth: _____

Sept '17 School Grade: _____**Shirt Size:** _____

Parent(s) Name(s): _____

Address: _____

Home Phone # _____ **Cell #** _____

Email Address: _____

Church Home: _____

Attended Regularly: _____ **Attend Occasionally:** _____

New to Awana: _____ **Attended Awana Last Year:** _____

Book #/Title _____

_____

Payment Received Yes: _____ **No:** _____

Medical Release

To Whom It May Concern:

As a parent/guardian or accompanying adult, I do herewith authorize the treatment by a qualified and licensed medical doctor, of the following person, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, or undo comfort if delayed. In the case of a minor, this authority is granted only after reasonable effort has been made to reach the parent/guardian. This release will be in effect starting September 13, 2017 and continue until May 30, 2018. Signature also serves to indicate my willingness to take full medical insurance responsibilities of my child (or for myself if I am an accompanying adult) and to release AWANA Clubs of Canada, Calvary Pentecostal Church, 301 Pannell Lane Strathroy, Ontario and its volunteers from any liability.

Name of Child: _____

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Address: _____

Phone: Home - _____ Work: _____ Cell: _____

Health Card # _____

Physician Name: _____ Phone # _____

Please List any specific medical conditions, including food allergies, diabetes, chronic illnesses or limitations on activities:

_____

Emergency Contact Numbers:

Name & Relationship: _____Phone: _____

Name & Relationship: _____Phone_____

Photo Release

From time to time, we take photographs of our clubbers/events for internal purposes only, for promotion, memories etc. These pictures are not for external purposes.

I/We approve _____ Do not approve _____ of our/my child being photographed for internal use only.

Parent/Guardian Signature: _____