

***This form MUST be filled out completely and returned to the church before your child will be allowed to attend AWANA.***

## **AWANA Registration Form - 2021/2022**

Thank you for sending your child to the AWANA program at Immanuel Baptist Church. It is important that we maintain accurate parent and emergency information for your child's safety.

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt phone. \_\_\_\_\_

e-mail address \_\_\_\_\_

*We will attempt to text you any cancellations.*

Parent/Guardian Names \_\_\_\_\_

Emergency contact (If parents can't be reached) \_\_\_\_\_

Name

Phone

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other condition \_\_\_\_\_

\_\_\_\_\_

To Whom it May Concern:

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor 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 year, September 8, 2021 through April 20, 2022.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please circle: *Father* *Mother* *Guardian*