

## AWANA REGISTRATION FORM

A **parent or guardian must complete, sign, and have notarized** this form by the third time your child attends Club or your child/children **will not be able to participate in games.**

Parent(s) /Guardians(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_ Circle the Best number for Wed. night

E-mail address: \_\_\_\_\_

Church you usually attend (if any): \_\_\_\_\_

Child's Name (Please List All Children)	Grade	Birthday mm/dd/yyyy	Baptism Date mm/dd/yyyy	Participating in Awana this year
1				
2				
3				
4				

Please list ANY allergies, medical conditions or physical restrictions here:

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**Permission to participate in Awana program/games & emergency medical release.**

I (we) give permission for my child/children to participate in all aspects of the Awana Program at \_\_\_\_\_.

I (we) understand that the Awana program includes physical games that are structured and supervised, but that physical injury is possible with unforeseen circumstances. I (we) also understand that, in the event medical treatment is required, every effort will be made to contact me, However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. I (we) also understand that I am responsible for the cost of professional medical emergency care.

Parent/Guardian must sign in the **presence** of a Notary Public

Date

**Notary Public**

STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____ <input type="checkbox"/> PERSONNALLY KNOWN TO ME <input type="checkbox"/> PRODUCED AS IDENTIFICATION _____ Type of Identification
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Notary Public, State of Florida at Large