

AWANA Registration Form

Please return as soon as possible!

Please complete **both** sides of this family registration form. Forms may be mailed to the church, dropped off at the church office, or brought on club night.

Parents or Guardian Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Your Church Name _____ Is this your first experience with Awana? YES NO

Family Physician _____ Physician's Phone _____

Another person to contact in case of an emergency on club nights and we cannot reach a parent or guardian:

Emergency Contact _____ Contact Phone _____

Contacts relationship to clubbers _____

Cost of the program that will be the parent's responsibility once the child is eligible for the item.

Handbooks	Cubbies, Sparks, T&T	\$10ea	1 per year is usual
Uniforms	Puggles T-Shirt	\$10	
	Cubbie Vest	\$15	earned after Bear Hug Brochure is completed
	Cubbie Handbook Bag	\$10	earned after Bear Hug Brochure is completed
	Sparks Vest	\$15	earned after Gate Entrance Booklet is completed
	Sparks Handbook Bag	\$10	earned after Gate Entrance Booklet is completed
	T&T T-shirt	\$15	earned after the Start Zone Booklet is completed
	T&T Drawstring Backpack	\$10	earned after the Start Zone Booklet is completed

Checks should be made out to **Heritage Baptist Church.**

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 minors noted on the reverse side of this registration form 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, **Aug. 2017 – May 2018**

Signed _____ Date _____
Father/Mother/Guardian

Please turn over and complete the other side!

Return with your clubber at the next AWANA Club. Be sure and sign above.

For office use only:

Money received on _____ for _____ expense

Please use the following to determine which club your child will be entering:

Puggles
Age 2-3

Cubbies
Ages 3 -5

Sparks
Grades K-2

Truth & Training
Grades 3-6

Clubber name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday (MM/DD/YY)	Age	Grade	Club
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Specific medical allergies, chronic illnesses, or other conditions _____

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Additional Comments: _____
