

AWANA REGISTRATION FORM, 2018-19

Laveen Baptist Church

AWANA Club: _____ **PUGGLES CLUB (2 year olds)** **NOTE: A parent must be on campus at all times**
_____ **CUBBIES CLUB (3 – 4 year olds)**
_____ **SPARKS CLUB (Grades K – 2nd)**
_____ **ULTIMATE ADVENTURE (Grades 3 & 4)**
_____ **ULTIMATE CHALLENGE (Grades 5 & 6)**

*Participant's First Name: _____

*Participant's Last Name: _____

Nickname: _____

*Gender: Male Female (circle one) Child's Grade: _____

*Birthday: _____ (m/d/yyyy) Child's Age: _____

Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: (____)____ - _____ Cell Phone: (____)____ - _____ *Text: Yes No (circle)

*Email: _____

*Do you attend Laveen Baptist Church?: Yes No (circle one)

*Parent/Guardian Name: _____

*Relationship to Participant: _____

*Child primarily lives with: _____

Allergies, Medical, & Special Needs: _____

MEDICAL PERMISSION SLIP

As a parent and/or guardian of the above named, I do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or 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 by the phone numbers listed above. The undersigned assumes responsibility for any costs connected with such treatment, and hereby released the church where the child attends Awana club from any liability therefore.

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AWANA Club: _____ **PUGGLES CLUB (2 year olds)** **NOTE: A parent must be on campus at all times**
_____ **CUBBIES CLUB (3 – 4 year olds)**
_____ **SPARKS CLUB (Grades K – 2nd)**
_____ **ULTIMATE ADVENTURE (Grades 3 & 4)**
_____ **ULTIMATE CHALLENGE (Grades 5 & 6)**

*Participant's First Name: _____

*Participant's Last Name: _____

Nickname: _____

*Gender: Male Female (circle one) Child's Grade: _____

*Birthday: _____ (m/d/yyyy) Child's Age: _____

Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____ *Text: Yes No (circle)

*Email: _____

*Do you attend Laveen Baptist Church?: Yes No (circle one)

*Parent/Guardian Name: _____

*Relationship to Participant: _____

*Child primarily lives with: _____

Allergies, Medical, & Special Needs: _____

MEDICAL PERMISSION SLIP

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AWANA Club: _____ **PUGGLES CLUB (2 year olds)** **NOTE: A parent must be on campus at all times**
_____ **CUBBIES CLUB (3 – 4 year olds)**
_____ **SPARKS CLUB (Grades K – 2nd)**
_____ **ULTIMATE ADVENTURE (Grades 3 & 4)**
_____ **ULTIMATE CHALLENGE (Grades 5 & 6)**

*Participant's First Name: _____

*Participant's Last Name: _____

Nickname: _____

*Gender: Male Female (circle one) Child's Grade: _____

*Birthday: _____ (m/d/yyyy) Child's Age: _____

Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: (____)____ - _____ Cell Phone: (____)____ - _____ *Text: Yes No (circle)

*Email: _____

*Do you attend Laveen Baptist Church?: Yes No (circle one)

*Parent/Guardian Name: _____

*Relationship to Participant: _____

*Child primarily lives with: _____

Allergies, Medical, & Special Needs: _____

MEDICAL PERMISSION SLIP

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AWANA Club: _____ **PUGGLES CLUB (2 year olds)** **NOTE: A parent must be on campus at all times**
_____ **CUBBIES CLUB (3 – 4 year olds)**
_____ **SPARKS CLUB (Grades K – 2nd)**
_____ **ULTIMATE ADVENTURE (Grades 3 & 4)**
_____ **ULTIMATE CHALLENGE (Grades 5 & 6)**

*Participant's First Name: _____

*Participant's Last Name: _____

Nickname: _____

*Gender: Male Female (circle one) Child's Grade: _____

*Birthday: _____ (m/d/yyyy) Child's Age: _____

Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____ *Text: Yes No (circle)

*Email: _____

*Do you attend Laveen Baptist Church?: Yes No (circle one)

*Parent/Guardian Name: _____

*Relationship to Participant: _____

*Child primarily lives with: _____

Allergies, Medical, & Special Needs: _____

MEDICAL PERMISSION SLIP

As a parent and/or guardian of the above named, I do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or 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 by the phone numbers listed above. The undersigned assumes responsibility for any costs connected with such treatment, and hereby released the church where the child attends Awana club from any liability therefore.

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.

Signature: _____ Phone: _____

Other person to contact in case of emergency if you cannot be reached:

*Emergency Contact Name (1): _____

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Photo Release Statement: The enrollment of your child indicates your understanding that your child may be photographed or videotaped during activities and these images may be used by the church for promotional materials.

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