



# Awana Clubs Registration Form - 2017-2018

CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Birthday: \_\_\_\_\_  
(month/day/year)

Address: \_\_\_\_\_ Awana Club: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Family E-Mail: \_\_\_\_\_

- ⇒ Choice of what type of emails to receive (check all that apply):
- ( ) Emergency contact - weather closings, last minute event changes
- ( ) General club info - weekly club reminders, club event information
- ( ) General church information - age appropriate events, special programs at LHBC

Child's E-Mail: (with Parental permission): \_\_\_\_\_

- ⇒ E-Mails will only be used for club updates and special Awana events, from child's Director, or Commander.

## MEDICAL INFORMATION:

Name of Parent(s) / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Health Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Any Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medicine Allergies to: Penicillin \_\_\_\_ Sulfa \_\_\_\_ Aspirin \_\_\_\_ Other \_\_\_\_\_

## PERMISSION SECTION:

(Other than myself), **only** the following people are permitted to pick up my child from Awana Club:

Name _____	Contact number _____
Name _____	Contact number _____
Name _____	Contact number _____

## Use of electronic Images:

Occasionally, photos are taken during regular club meetings, during club events and at special programs. These photos may be used in club promotional material, and/or may be posted on our church website at [www.laurelhillbiblechurch.org](http://www.laurelhillbiblechurch.org). I give permission for my child's photo to be used in publications and/or the church's website.

PARENT / GUARDIAN **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

## General Registration & Participation:

I give \_\_\_\_\_ (FULL NAME) Permission to participate in the Awana Program and any field trips taken by their club. In the event that my child would need medical treatment, I authorize representatives of Laurel Hill Bible Church to administer and /or seek medical treatment. I expect to be contacted as soon as possible following the need of medical treatment for my child.

PARENT / GUARDIAN **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_