



Please complete **both** sides of this family registration form.
Forms and registration fees can be turned in on AWANA club night.

Parent or Guardian Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____
Family Church: _____ Brought by: _____

Emergency Information

Emergency Contact (if parent cannot be reached)
Name: _____ Phone: _____
Relationship to child: _____
Family Physician: _____ Phone: (____) _____
Insurance Co: _____ Name of Insured: _____
Policy #: _____ Group # _____

As parents and/or guardian, I herewith authorize treatment under the direction of any licensed physician of the following minor(s) 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 phone at the number(s) listed above.

The undersigned assumes the responsibility for any costs connected with such treatment and here by releases Grace Baptist Church of Sutter County from any liability therefore. I also understand that all medications will be reported to the designated sponsor prior to departure including dosage and frequency use.

Parent/Guardian Signature

Date

I grant permission for my child to travel to/from AWANA club events with an AWANA adult leader. Any such event will be clearly communicated with me beforehand. _____ (Parent Initial)

I understand that photographs, sound recordings and/or video recording of my child(ren) may be taken during AWANA events and that this material may be published or displayed in Grace Baptist non-profit publications (including website, photos, videos, audio, brochures, etc.) without limitation, reservation or compensation. _____ (Parent Initial)

Child Information

Note: Children in Cubbies need to be at least three years old by September 1, 2017.

Clubber Name	Circle one Male Female	Birthday (MM/DD/YY)	Age	Grade	Shirt Size/Vest Needed?
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Specific medical allergies, chronic illnesses, or other conditions: _____

Clubber Name	Circle one Male Female	Birthday (MM/DD/YY)	Age	Grade	Shirt Size/Vest Needed?
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Specific medical allergies, chronic illnesses, or other conditions: _____

Clubber Name	Circle one Male Female	Birthday (MM/DD/YY)	Age	Grade	Shirt Size/Vest Needed?
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Specific medical allergies, chronic illnesses, or other conditions: _____

Clubber Name	Circle one Male Female	Birthday (MM/DD/YY)	Age	Grade	Shirt Size/Vest Needed?
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Specific medical allergies, chronic illnesses, or other conditions: _____

Clubber Name	Circle one Male Female	Birthday (MM/DD/YY)	Age	Grade	Shirt Size/Vest Needed?
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Specific medical allergies, chronic illnesses, or other conditions: _____

Clubber Name	Circle one Male Female	Birthday (MM/DD/YY)	Age	Grade	Shirt Size/Vest Needed?
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Specific medical allergies, chronic illnesses, or other conditions: _____

Club Registration Fee: Please make checks payable to Grace Baptist Church.

_____ X \$35 per child = _____
 # of children (\$105 Family Max) amount enclosed

For office use

Total Due: _____

Amount Paid: _____

Cash/Check#: _____

Scholarship Rec'd: _____