Awana Clubs Registration
2018-2019

Immanuel
BIBLE CHURCH

Child's Name: _____ _____
First Name Last Name

Age: _____ Birthdate:_____ School Grade: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Primary Phone Number: _____ Cell Phone: _____

Email: _____

Do you attend church? _____ If so, church name: _____

Permission for Participation in AWANA and for Medical Treatment

We, the parents/guardians of _____, do hereby give permission for our son/daughter to participate in activities at AWANA Club at Immanuel Bible Church on Wednesday nights throughout the school year.

In the event that he/she becomes ill or sustains an injury while in the care of Immanuel Bible Church, we give permission to Immanuel's staff or AWANA leaders to take whatever steps are necessary for our child's welfare. If it is not possible to reach us to receive instruction for our child's care, consent is given to any licensed physician to administer medication and perform such surgical procedure as he/she think the existing emergency requires for the relief of pain and to preserve our child's life or health.

Parent/legal guardian signature: _____phone:_____

Second person to contact: _____phone: _____

Health Insurance Company:_____

Billing #: _____

Allergies:_____

Name of primary care physician: _____

Dues: _____Uniform:_____ Book:_____