

## Awana Clubs Registration!

## Immanuel Bible Church 6:30 pm – 7:45 pm

Child's Name	e:		
	First Name	Last Name	
Age:	Birthdate:	School Grade:	
Parent/Guar	dian Name(s):		
Mailing Addı	ress:		
Primary Pho	ne Number:	Cell Phone:	
Email:			
		_ If so, church name:	
Permission f	or Participation in A	WANA and for Medical Treatment	
son/daughte		, do here ctivities at AWANA Club at Immani ne school year.	
Church, we go necessary for child's care, such surgica	give permission to In or our child's welfare consent is given to a	es ill or sustains an injury while in to nmanuel's staff or AWANA leaders . If it is not possible to reach us to any licensed physician to administe the think the existing emergency rea r health.	s to take whatever steps are receive instruction for our er medication and perform
Parent/legal	guardian signature:		phone:
Second pers	on to contact:		phone:
Health Insur	ance Company:		
Policy or Gro	oup #		
Allergies:			<del></del>
		est: \$11 Optional T&T jersey gistration table as needs exist.	\$18 or bag:\$15

Note: If child is sick, please keep him/her home.

Note: Occasionally AWANA Leaders will capture photos of AWANA events. These images, may include AWANA participants, and may be shown only at AWANA and Immanuel Bible Church events. If the photos contain minors, they will not be posted to the Immanuel Bible Church web pages without consent of the parents.

