



Awana Clubs Registration  
 Immanuel Bible Church  
 Wednesdays, 6:30 pm – 7:45 pm

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: \_\_\_\_\_

Policy or Group # \_\_\_\_\_

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

Dues: \$15 \_\_\_\_\_ Books: \$12 \_\_\_\_\_ Cubby & Sparky Vests: \$11 \_\_\_\_\_ Optional T&T Jersey: \$20 \_\_\_\_\_

\*Scholarship available at registration table as needs exist.

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

