

2014



2015

Faith Family Fellowship

Circle 1: Puggles Cubbies Sparks T&T Girls T&T Boys

Child's Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Child's Date of Birth: _____ Male: _____ Female: _____

Email: _____ Alt Email: _____

Phone: _____ Home Work Cell Alt Phone: _____ Home Work Cell

Church currently attending: _____

Has your child been in AWANA Club before? Yes: _____ No: _____

Your location during club time: _____

AWANA Club Activity Permit

As parent or guardian, I do hereby authorize treatment, under the direction of any licensed physician, of the following minor 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. The undersigned assumes the responsibility for any costs connected with such treatment.

I also give permission for the Awana leadership to take my child off-campus for special club activities with prior notification.

In consideration for the participation of the minor in Awana activities, I hereby release Faith Family Fellowship from any liability resulting from this participation. Participation may include still (picture) or motion (video) imagery of any or all participants, which may be displayed in various public formats, including presentations in the Faith Family Fellowship church facilities, web site, newsletters, etc.

PRIVACY: information disclosed on this form will ONLY be used internally for administration of the AWANA club at Faith Family Fellowship and will not be otherwise disclosed except as required by law or for emergency purposes (such as medical treatment).

Family Physician: _____ Phone: _____

Specific medical conditions, allergies, chronic illnesses, etc.: _____

_____ check if continued on other sheet

Date of last tetanus shot: _____ If date not known, please check if child's shots meet public school requirements.

Other contact in case of emergency: Name: _____ Phone: _____

Signed: _____ Date: _____

Registration Fee:	\$ _____ ck# _____ or cash	Scholarship Needed: _____
Uniform Fees:	\$ _____ ck# _____ or cash	Scholarship Needed: _____