

2017



2018

Faith Family Fellowship

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Work Cell Alt Phone: \_\_\_\_\_ Home Work Cell

Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_

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: \_\_\_\_\_

Table with 2 rows: Registration Fee, Uniform Fees, and columns for amount, ck#, or cash, and Scholarship Needed.