

**AWANA Registration  
Cedar Street Baptist Church  
2018-2019**

COMPLETE THE FORM AND BRING IT  
WITH YOU ON THE FIRST NIGHT THAT  
YOU ATTEND AWANA.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child' Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child' Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Child Lives With \_\_\_\_\_ Home Church \_\_\_\_\_

Emergency Contact(other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

List any medical, allergy, or other information we need to know. \_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions on your child(ren) participating in recreational activities? \_\_\_\_\_

List the restrictions. \_\_\_\_\_

Who will be picking your child(ren) up from the church? \_\_\_\_\_ Phone \_\_\_\_\_

May we have permission to photograph/video your child(ren) and publish it in our newsletter and web site? Yes  
or No

I understand that my child may participate in physical activities such as those held during Recreation Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Cedar Street Baptist Church and any persons involved in the Awana Club ministry.

In the event of an emergency that requires treatment for the above child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

I have read the rules and behavior code as listed in the Awana Information letter and agree for my child to participate in the Awana program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date