

**AWANA Registration
Cedar Street Baptist Church
2017-2018**

COMPLETE THE FORM AND BRING IT
WITH YOU ON THE FIRST NIGHT THAT
YOU ATTEND AWANA. EACH CHILD
NEEDS ONE.

Child's Name _____ Grade _____ Date of Birth _____

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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