

Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Names of children in Awana	DOB	Age	Grade	Previous Awana?	Club	Have Awana Book?	Have Awana Uniform?	Child's T-shirt Size	Allergies or Special Notes

Home Church: \_\_\_\_\_

How did you hear about the Awana program? \_\_\_\_\_

**Emergency Information**

Father/Guardian: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**Emergency Contact if unable to contact above parent/guardian**

Name: \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Policy/Group# \_\_\_\_\_

Phone: \_\_\_\_\_

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

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

If parent/guardian chooses **not to release** insurance company information at this time parent **must** sign here: \_\_\_\_\_

**AWANA @ Aldersgate United Methodist Church**

**Registration 2010-2011**

**Medical Release (This portion must be signed in order for children to participate in games):**

I hereby give my permission to the physician or dentist selected by Aldersgate United Methodist Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child(ren) as deemed necessary, after every attempt to contact the parent, guardian, and/or other emergency contact has failed. I further agree that I am fully responsible to pay all charges and expenses relating to such care and treatment. My signature below serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by my insurance. My signature below also serves as a medical release for the above mentioned child(ren).

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Photo/Image Release:**

By signing below I give permission for my child's photo, which may be taken during the Awana year, to appear in Aldersgate printed materials, bulletin boards, etc. I also give permission for my child's photo and/or video, which may be taken during the Awana year, to appear on the church website.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Volunteer:** I am willing to be a parent volunteer in the following ways: \_\_\_\_\_ Handbook Time \_\_\_\_\_ Games \_\_\_\_\_ Special Snacks \_\_\_\_\_ Transportation to Events \_\_\_\_\_ Awana Store \_\_\_\_\_ Specify Other \_\_\_\_\_

**Registration Fees:** \$40.00 1<sup>st</sup> child in family, \$30.00 each additional child in family. Some scholarships may be available. Registration fees help to defray the cost of materials, uniforms, handbooks, badges and awards presented to Awana clubbers

**\*\*All registration fees are non-refundable.**

**Financial Record of Registration Fees:**

Date	Check # & Amt.	Cash Amt.	Total Payment	Balance Due	Rec'd by