



# 2019-2020 HEALTH/REGISTRATION FORM



**A completed and signed Registration Form is required for your child's participation in Awana.**

Please **FULLY** and **NEATLY** complete all information on this form.

Remember to sign the Parent's Authorization below; unsigned forms will not be accepted. **Valid September 2019 through April 2020.**

<u>Childs Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Age</u>	<u>Grade</u>
1				
2				
3				
4				

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

City, State, Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**CONTACT INFORMATION DURING AWANA EVENTS**

Father or Guardian's Name:	Mother's Name or Guardian:
Cell #:	Cell #:
E-mail :	E-mail:

**Emergency contacts if parent or guardian is unable to be reached DURING AWANA EVENTS:**

Name:	Name:
Relation to child:	Relation to child:
Phone #:	Phone #:

Does your child have any special needs or medical conditions that we should anticipate?

(For example: ADHD, allergies, asthma, special diet, medications, contact lenses, physical, mental or behavioral challenges, etc.)

**Circle: Yes or No If yes, please describe on the back of this form.**

**Parent's Authorization:**

I, who by law may do so, authorize the admission of emergency medical treatment to the subject on this form. I understand all reasonable safety precautions will be taken at all times by Faith Bible Fellowship Church of Harleysville and its agents to protect the information on this form. I understand that in the event that medical intervention is needed, every attempt will be made to contact the person(s) above immediately.

**I give permission for my child(ren) to be included in pictures taken during Awana activities. I understand that pictures may be used on social media.**



Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Awana® and the Awana logo are registered trademarks and service marks of Awana Clubs International. Used by permission.\*