



2017-2018 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 2017 through April 2018.**

<u>Child's 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:

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.

Signature of Parent or Guardian: _____ Date: _____

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