

**Team Color:**

# 2009-2010 AWANA Registration Form



Please Print

**Circle One:** Cubbies / Sparks / T&T

Name of Child	Age	Birthday
Address of Child	Boy or Girl	Grade
City	State, Zip	Phone
Name of Parent/Guardian	Home Phone	Cell Phone
E-Mail Address	Emergency Contact Name / Number	
Will you be on Shandon's campus on Wednesday nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual Wednesday Night Location
Are you a member of a local church?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?

## AWANA Service Policy

Awana is a parent-supported program. Every participating family is asked to serve. Parents serve by listening to verses or filling-in in other areas as needed. Understanding this, I would be willing to:

- ...serve every week.
- ...serve the **first Wednesday of every month.**
- ...serve the **second Wednesday of every month.**
- ...serve the **third Wednesday of every month.**
- ...serve the **fourth Wednesday of every month.**
- ...be placed on the week where I am **most needed.**

*If you are serving once a month, you will receive a card indicating the weeks which you are scheduled to serve.*

Understanding that it is the policy of the AWANA Club, I acknowledge my responsibility to assist/volunteer in the AWANA program this year in order for my child to participate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 2009-2010 AWANA Medical Release Form

**To Whom It May Concern:** As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also release Shandon Baptist Church, other organizations and individuals involved, of any liability for any accident incurred during the 2009/2010 AWANA Clubs activities.

This release is intended to be used during the entire year, September 2009 though May 2010. This includes both club meetings and outings (e.g., AWANA Games, Sparks-A-Rama, etc.). This release form is completed and signed of my own will and with the sole purpose of authorizing medical treatment under emergency in my absence.

Minor's Name	Parent or Guardian (Please Print)
Date	Signature
Specific medical allergies, chronic illness, or other conditions	
Name of Other Contact in case of Emergency	Other Emergency Contact Phone Number