



AWANA Registration Form

Clubber's Information:

First Name: _____ Last Name: _____

Age: _____ Grade in Sept 2019: _____ Birthdate: _____ School: _____

Address: _____ City: _____ Zip: _____

Home Church: _____

Parent or Guardian Information:

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Home Phone: _____ Cell Phone: _____

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Parent Volunteering:

I can help: 1 2 3 4 nights per month

I can help with: Lead Teacher / Small Group Leader / Listener / Floater / Dinner

*We will only share your email with the volunteers in your child's club for the purpose of connecting about important information

Anything else you'd like us to know about your child?

(See reverse)

Medical Information:

Doctor: _____ Clinic: _____ Dr. Phone: _____
Allergies: _____
Medical Problems: _____
Medications: _____
Diet Restrictions: _____

Additional Emergency Contact:

First Name: _____ Last Name: _____
Relationship: _____ Evening Phone: _____

Emergency Release:

As parent / guardian, I authorize treatment by a qualified and licensed medical doctor for the child named above, in the event of a medical emergency which in the opinion of the medical doctor may endanger the life of the child, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Photo/Video Release:

I hereby give _____ or do not give _____ Trinity of Fairview the absolute right and permission to copyright and/or publish, or use photographic portraits or video of my child or reproductions thereof in color or otherwise, made through any media at the church, for art, advertising, trade, or any other lawful purpose whatsoever.

Signed: _____ Date: _____

Bring these completed forms to Awana on the first day you attend, or email completed forms to awanaclubs@trinityoffairview.org.

