AWANA Secretary

Church Secretary

Registration 2026-27

Date completed: _____

Child's Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: M F (Circle) Grade in School: **Preschool K 1 2 3 4 5 6**

Parent's Name (s) & Cellphone Numbers:

_____

_____

Address: _____

E-mail address: _____ Communication Preference: _____

School: _____ Church affiliation: _____

Please list any Medical conditions, or Food and/or Medicinal Allergies:

_____

_____

_____

In the event of an emergency that requires medical treatment for the above-named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached I give my permission to the AWANA volunteers to seek Professional medical help to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.

Parent or Guardian Signature: _____

In-club Photo Use

I grant permission for a photo of my child to appear in an unpublished club directory to be used by AWANA Leaders only.

☐ Yes, you may include my child in photos or videos under these terms.

☐ No, please do NOT include my child in photos or videos.

Parent or Guardian Signature: _____

General Photo Use

I give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

I have read and accept these terms. I am the legal Parent or Guardian of the child listed above and have the legal authority to sign this agreement on their behalf.

Parent or Guardian Signature: _____

EMERGENCY Contact:

_____ Cellphone #: _____

Please list the names of <u>any NON-Parent who has permission</u> to transport your child to and/or from AWANA:

_____ Cellphone #: _____

_____ Cellphone #: _____