



AWANA REGISTRATION FORM 2016

Child's name: _____

Parent/Guardian name(s): _____

Parent/Guardian primary phone: _____ Secondary phone: _____

Mailing address: _____

City _____ State _____ Zip _____

Home e-mail address: _____ Church your family attends (if any): _____

Do you use Facebook? _____ If so, may we add you to the PV AWANA Private FB Page? _____

Child's Age: _____ Child's birth date: _____ Gender: ___ Grade entering: _____

Please list any allergies, medical or other special conditions the Powell Valley AWANA team should be aware of: _____

Insurance Co. _____ Policy number: _____

Preferred Hospital _____

The person responsible for picking up this child at the end of each club night is:

Name: _____

Home Telephone: _____ Cell Phone: _____

In case of emergency (when the parent/guardian cannot be reached) the church should contact:

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Please do/do not send mail informing me of other children's programs

I hereby authorize adult workers to secure medical or dental care; which may include but is not limited to ambulance, x-rays, examination, anesthetic, medical or surgical diagnosis, in the event of illness or injury while under the supervision of Powell Valley Church staff or youth workers. In which case, I shall pay for all such expenses and will in no way hold Powell Valley Church or it's representatives responsible for any financial obligation. I understand that at this event, my Child may be photographed. I agree to allow my Child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the church.

Signature of Parent/ Guardian

Date