

Awana Registration

Family Name: _____ Parents' Name: _____

Street Address: _____ Apt. #: _____ City: _____

Postal Code: _____ Phone Number: _____

Family E-mail Address: _____

Home Church (please circle): FBC Other: _____ Or No Home Church

Registration Information

<u>Child's Full Name</u>	<u>Birthday</u>	<u>Age</u>	<u>Health Card Info</u>
	(m/d/y)		

Medical/Allergy Information

Does your child(ren) have a medical condition or any allergies that we should be aware of?

(please circle) NO or YES (if yes, please specify below)

1. Name: _____ Condition: _____

Is this child taking any medication for this condition? Y or N If so, what dose?: _____

2. Name: _____ Condition: _____

Is this child taking any medication for this condition? Y or N If so, what dose?: _____

3. Name: _____ Condition: _____

Is this child taking any medication for this condition? Y or N If so, what dose? _____

Doctor's Name: _____ Phone # _____

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Emergency Contact Information

Mom's Cell#: _____ Dad's Cell #: _____

Emergency Contact # 1: Name: _____ Phone # _____

Emergency Contact #2: Name: _____ Phone # _____

Release

As parent(s) and/or guardian(s), I/we do herewith authorize treatment under direction of a Licensed physician on the above minor(s) in the event of a medical emergency which, in the Opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after reasonable effort has been made to reach me/us at the above phone numbers.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases FLAMBOROUGH BAPTIST CHURCH, its' employees or those who are ministering to your child(ren) during the AWANA program, from any responsibility thereof.

SIGNED: _____

DATE: _____

Registration is \$20/child (books and uniforms are extra).