



AWANA Registration Form 2020-2021

Family Information:

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Email: _____

Please list all children in your household, birthdays, grades, allergies, or special needs.

Name:	Birthday:	Grade:	Allergies:

Medical Release:

As parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical professional of the above minor(s) in the event of a medical emergency.

Signature: _____ Relation: _____ Date: _____

Photo Release:

Throughout the club year we will take photos of weekly activities. We will use these photos within the church to promote AWANA's and on Facebook for the parents see.

I grant permission to Fairview Baptist Church to use my child's image.

Signature: _____ Relation: _____ Date: _____