

MT. PISGAH WESLEYAN CHURCH

AWANA REGISTRATION FORM 2017-2018



Parent Contact Information:

Parent Names: _____

Address: _____

Telephone: _____

Email: _____

Family Church: _____

School Child/Children Attends: _____

Emergency Contact During Club Time (other than parent):

Name: _____

Phone: _____

Clubber Information:

Child's Name	Nickname	Gender	Birthday	Age	Grade

How did you hear about our Awana program (please list name if you were invited by someone)? _____

Medical Info (allergies - especially food allergies, medicines, special needs we may need to know about) _____

Doctor's Name and Phone # _____

Terms and Conditions:

1) I understand that my child/children may participate in physical activities such as those held during game time. As with any physical activity, there is risk of injury. I fully accept this risk, and hold harmless from any legal liability, Mt. Pisgah Wesleyan Church and any persons involved in the Awana Club ministry.

2) In the event of an emergency that requires medical treatment for the above-named child/children, 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 Awana volunteers to secure the services of a licensed medical professional 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.

3) I grant permission for photos of my child to be taken for promotional purposes/slideshow for special occasions.

4) I grant permission for my child's club leader or program director to periodically contact me or my child by mail, email, or phone. If a home visit is desired, my permission will be requested beforehand.

I have read and agree to the terms stated above.

X _____
Signature of Parent/Guardian Date

I would like to learn more about the ministries of Mt. Pisgah Wesleyan Church
Yes _____ No _____

