AWANA Registration Form

Printed Name



Name Of Child:	
Birthday:	Grade Attending:
Name Of Child:	
Birthday:	Grade Attending:
Name Of Child:	
Birthday:	Grade Attending:
Name Of Child:	
Birthday:	Grade Attending:
Name Of Child:	
Birthday:	Grade Attending:
Parent/Guardian Name:	
Cell Phone:	(may we text club cancelations here? Y N)
Parent/Guardian Name:	
Cell Phone:	(may we text club cancelations here? Y N)
Church Attending:	
Home Address:	
Mailing Address (If Different)	
Email:	-
Emergency Contact (If Parent	s/Guardian cannot be reached)
Emergency Contact Phone(s):	or
Allergies or Medical condition	s:
Invited By:	
Church sponsor to decide for me in any emergency requiring med I hereby waive and release Gra Johnston, and/or sponsor(s) from the AWANA activities of Grace B	ace Bible Church, Josh and Kelly Stover, Chris and Jennifer McDonald, Pastor Jed in any liability for accidental injuries, dismemberment or death resulting from any of ible Church. For the above named child(ren) to participate in AWANA at Grace Bible Church,
Signature (Parent/Guardian)	Date