

AWANA REGISTRATION FORM

2020

NAME _____ PHONE _____

GRADE _____ BIRTHDATE (MONTH) _____ (DAY) _____ (YEAR) _____

CHURCH OR SUNDAY SCHOOL _____

PARENT(S) / GUARDIAN(S)

MOTHER'S NAME _____

FATHER'S NAME _____

MAILING ADDRESS _____ POSTAL CODE _____

Preferred way of contact _____ E-Mail _____ Phone _____

E-MAIL ADDRESS _____

ALBERTA HEALTH CARE NUMBER _____ FAMILY PHYSICIAN _____

ALLERGIES/MEDICAL PRECAUTIONS _____

SPECIAL NEEDS/LEARNING ACCOMODATIONS _____

ALTERNATE CONTACT PERSON _____

PHONE NUMBER _____

CLUB: (CHECK ONE)

_____ SPARKS - KINDERGARTEN TO GRADE 2

_____ TREK- JUNIOR HIGH GRADES 7 - 9

_____ TRUTH AND TRAINING – GRADES 3 TO 6

_____ JOURNEY – SENIOR HIGH GRADES 10 – 12

LIABILITY WAIVER

WHILE ALL NECESSARY PRECAUTIONS WILL BE TAKEN TO ENSURE THE SAFETY OF THE CHILDREN AND THE BEST SUPERVISION IS SUPPLIED IN ALL PHASES OF AWANA ACTIVITY, THE WESTLOCK GOSPEL CHAPEL OR THE AWANA STAFF OR OFFICIALS WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS OR ILLNESS DURING AWANA OR WHILE IN TRAVEL TO OR FROM AWANA.

I GIVE PERMISSION FOR THE STAFF OF THE AWANA CLUBS TO AUTHORIZE ANY AND ALL NEEDED EMERGENCY MEDICAL TREATMENT, WHICH INCLUDES MEDICAL TREATMENT DIAGNOSED BY A LICENSED PRACTITIONER AND I WILL BE RESPONSIBLE FOR ALL THE COSTS ASSOCIATED WITH THIS TREATMENT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I GIVE WESTLOCK GOSPEL CHAPEL AND ITS REPRESENTATIVES CONSENT TO SEND ME EMAILS FOR FUTURE CORRESPONDENCE.

I GIVE PERMISSION FOR THE AWANA STAFF TO USE MY CHILD'S WORK OR PHOTO IN MULTIMEDIA PRESENTATIONS.

___YES ___NO

PARENT/GUARDIAN SIGNATURE _____ Date _____