

AWANA REGISTRATION FORM

2022

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 \_\_\_\_\_

ALTERNATE PHONE NUMBER(S) \_\_\_\_\_

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 \_\_\_\_\_