AWANA REGISTRATION FORM 2025

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**
_____ **TRUTH AND TRAINING – GRADES 3 TO 6**
_____ **TREK- JUNIOR HIGH GRADES 7 - 9**
_____ **JOURNEY – SENIOR HIGH GRADES 10 – 12**

NOTE: To enter the Sparks program, children must be 5 years old by Dec. 31, 2025. This is in alignment with our public school system requirements.

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** _____