

Circle one:

CUBBIES

4 yrs-K

SPARKS

1st-2nd Grade

T&T

3rd-5th Grade

TREK

6th-12th Grade



Date: _____

Child's Full Name: _____

Address: _____

Primary Phone #: _____

Secondary Phone #: _____

Birthday: ____/____/____

Age: ____

'21 - '22 Grade: ____

Gender: _____

Parent/Guardian Name(s): _____

Email Address(es): _____

Do you attend church? If so, where? _____

Has your child previously attended an Awana program? _____

Are you interested in volunteering for Awana? _____

Friends/Family Authorized for Pick-ups:

- | | | | |
|----|-----------|--------------|--------------|
| 1. | _____ | _____ | _____ |
| | Full Name | Relationship | Phone Number |
| 2. | _____ | _____ | _____ |
| | Full Name | Relationship | Phone Number |
| 3. | _____ | _____ | _____ |
| | Full Name | Relationship | Phone Number |
| 4. | _____ | _____ | _____ |
| | Full Name | Relationship | Phone Number |

**CHURCH ON ATLANTIC
Awana Clubs
Medical Release/Permission Slip**

Child's Name _____

1) I hereby give permission for my child to participate in the activities of the AWANA CLUBS. I understand that my child will take part in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability Church on Atlantic and any persons involved in the AWANA Ministry.

2) In the event of an emergency that requires medical treatment for the above-named child, I understand that every effort will be made to contact me. However, if I cannot be reached, I give permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all cost connected to any accident or treatment of my child.

3) I grant permission for my child photo to be use for church use only (bulletin boards, newsletters, bulletin inserts, slideshows, and possibly our website.

I have read and agree to the Terms and Conditions stated above.

Parent/Guardian Signature

Date

Medical and Contact Information

Does your child have any of the following?

Allergies _____ Chronic illnesses _____ Physical limitations or any other conditions _____

Please Specify _____

Family Physician _____ Physician Phone _____

Please attempt to contact the following person if the parent/guardian is not available.

Name _____

Relationship to child _____

Phone _____

Cell _____

Church On Atlantic
4850 West Atlantic Blvd
Margate, FL 33063