

# GRACE MISSIONARY CHURCH AWANA REGISTRATION 2016/17

Child's Name (please provide a separate form for each child) \_\_\_\_\_

New to AWANA at GMC  Returning to AWANA at GMC

Gender  Boy  Girl Age \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Church Currently Attending \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

**WAIVER:** I hereby release Grace Missionary Church and its employees (volunteer and/or paid) from all liabilities that may occur while participating in this program. I give permission for my child to attend the AWANA program, and certify that he/she is in good health, free from communicable illnesses and is able to participate. If I cannot be contacted, and there is a medical and/or surgical emergency, I give permission to the physician/hospital selected by Grace Missionary Church leadership to hospitalize and/or secure proper treatment for my child as named above. I understand that if my child becomes ill or injured, my own health insurance coverage (including deductible) applies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office use only:

**Circle (one)** Club your child is in:

- |  |  |   |  |
|--|--|---|--|
| <i>Sparks</i><br><small>(K-2<sup>nd</sup> Gr.)<br/>Must be 5 by 9/1/15</small> | <i>Truth &amp; Training Girls</i><br><small>(3<sup>rd</sup> thru 6<sup>th</sup> Gr.)<br/>Must be 8 by 9/1/15</small> | <i>Truth &amp; Training Boys</i><br><small>(3<sup>rd</sup> thru 6<sup>th</sup> Gr.)<br/>Must be 8 by 9/1/15</small> | <i>Trek/Journey</i><br><small>(7<sup>th</sup> thru 12<sup>th</sup>)<br/>Must be 11 by 9/1/15</small> |
|--|--|---|--|