

GRACE MISSIONARY CHURCH AWANA REGISTRATION 2017/18

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:

Sparks

(K-2nd Gr.)

Must be 5 by 9/1/17

Truth & Training

Girls

(3rd thru 6th Gr.)

Must be 8 by 9/1/17

Truth & Training

Boys

(3rd thru 6th Gr.)

Must be 8 by 9/1/17