

## GRACE MISSIONARY CHURCH AWANA REGISTRATION 2019/20

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:

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

*Sparks*

*(K-2<sup>nd</sup> Gr.)*

*Must be 5 by 9/1/19*

*Truth & Training*

*Girls*

*(3<sup>rd</sup> thru 6<sup>th</sup> Gr.)*

*Must be 8 by 9/1/19*

*Truth & Training*

*Boys*

*(3<sup>rd</sup> thru 6<sup>th</sup> Gr.)*

*Must be 8 by 9/1/19*