

AWANA REGISTRATION FORM

Child's Name _____ Home Phone _____
Birth Date ____/____/____ Grade ____ Boy ____ Girl ____
Address _____ Best Contact Tel # _____
City/State _____ Zip Code _____
Name of Mother or Guardian _____ Email _____
Name of Father or Guardian _____ Church Attending _____
Allergies/Restrictions – circle Yes or No
What kind? _____

Please check this child's club. For Sparks and T& T, also mark any handbook(s) completed:

____ Puggles ____ Cubbies (Age*3&4) ____ Sparks (Grades K-2) ____ T&T (Grades 3-5)
____ Trek (Grades 6, 7 & 8) ____ Journey (9th to 12th Grade)

Please list those who are authorized to pick up your child from AWANA

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name of any person(s) ***Restricted*** from picking up your child. If a court order is in effect, be sure a current copy is on file with the AWANA secretary.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In Case of Emergency Call(other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Permission/Consent/Release of Liability

I, the undersigned, request that my child(ren) be permitted to participate in the Valley Park Church Awana Ministry. I agree to hold harmless or any of their agents in the event of accident, illness, injury, or death, which may occur during any and all activity (AWANA sponsored activities). Photo & Video Release: You hereby grant and convey unto Awana all rights, title and interest in any Photographic images and video.

Signature of Parent or Guardian

Date

Permission to Contact

I, undersigned, give permission for Awana to contact my child by written communications or phone calls to discuss club activities. (Refer to Instructions for further information)

Signature of Parent or Guardian

Date

For more information, contact the Valley Park Church Office at (818-894-9316) or awanavalleypark@gmail.com