



Awana Registration

Name _____
First Middle Last

Address _____ City _____ Zip _____

Phone _____ Church _____

Birthdate ____/____/____ M/F [Circle One] Grade [Circle One] (3rd) (4th) (5th) (6th)

Parent/ Guardian _____ Work Phone: _____

Adults authorized to pick up child 1) _____ Phone _____

2) _____ Phone _____

Please list any family members that attend club and what club they attend:

This Section to be Completed by Registrar

_____ Temporary	_____	_____
_____ Permanent	_____	_____
Team Placement	Guest of (Clubber's Name)	Amount Paid

Medical Release

My child _____ has my permission to participate in Awana Club activities and field trips for the 2007-2008 school year. I hereby authorize the leadership at Christ the King Community Church to seek medical attention for my child in case of an emergency when I cannot be reached. I also agree not to hold Christ the King Community Church liable in the event of an accident or injury.

In case of emergency a CTK staff member may:

- Administer First Aid.
- Call emergency phone numbers: _____
- Call my child's doctor. Dr. _____ at phone _____

Please be aware of the following medical concerns:

Signature of Parent _____ Date _____