

**AWANA REGISTRATION**  
**September 2017 to May 2018**

Name of Parent /Legal Guardian : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Medical Release**

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in Awana. By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless Fairview Missionary Church and their representatives for damage, loss or injuries to the child/children for whom you sign.

**Photo Release**

I further give my permission for the use of any photo or likeness of my child to be used by Fairview Missionary Church for their use in promotional materials.

I give consent for my child/children listed below to attend the Awana program sponsored by Fairview Missionary Church from the school year of September 2016 to May 2017. I also give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Special Medications or Allergies: \_\_\_\_\_

Any other concerns we should know about: \_\_\_\_\_

☐ Check here if this is your child's first year participating in Awana

Note: 3-Pre-K has blue vests, K-2<sup>nd</sup> grade has red vests, 3-5<sup>th</sup> grade has green jersey shirts. If you child is moving up to the next age group, he or she will need a new uniform.

Shirt size: YS YM YL AS AM AL ☐ Check here if your child already has an Awana Uniform

Book my child has currently completed \_\_\_\_\_

Book my child is working in \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Special Medications or Allergies: \_\_\_\_\_

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### Registration Fees:

Registration fees are \$10 per child. Fees will include handbooks, uniform, and any badges or awards earned.

We will never turn a family away for the inability to pay these fees; financial aid is available. If you are in need, please circle the scholarship box on the bottom the payment section of the form. Financial information is kept confidential.

### OFFICE USE:

Club: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment Type:    Cash        Check        Scholarship

Contact Jessica Bonner at [jessica@fairviewangola.com](mailto:jessica@fairviewangola.com) if you have any questions.