



**AWANA REGISTRATION 2009-10**

**Child's Full Name:** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail address:** \_\_\_\_\_

**Church Child Attends:** \_\_\_\_\_

**Parent/Guardian Name (s):** \_\_\_\_\_  
\_\_\_\_\_

**Phone # to reach parent or guardian during Club times:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**If parent/guardian is at AWANA/EBFC on club nights, please indicate which room:**  
\_\_\_\_\_

**Allergy alert:** \_\_\_\_\_  
\_\_\_\_\_

**Medical alerts (please include activity restrictions and any medication knowledge we should be aware of):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Dues for the year for books and awards are 50 cents a week or \$17.00. We also encourage 25 cents a week for our Adopt a Club missionary.

**Other information parent would like us to know:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE FORM**

I understand that all reasonable safety precautions will be taken by the Bible Fellowship Church of Ephrata and its agents during AWANA. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Bible Fellowship Church of Ephrata, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that in the event medical intervention is needed, every attempt will be made to contact the emergency contacts listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

\_\_\_\_ I have read the above permission form and agree.

Form completed by:

Name \_\_\_\_\_ (please sign)

Relationship to child: \_\_\_\_\_

**PROMOTIONAL RELEASE FORM**

I and cosigned parent/legal guardian hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear in promotional materials for BFC of Ephrata. I understand that these materials are being used for recruitment and fund-raising efforts.

I release BFC of Ephrata from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (if under 21) \_\_\_\_\_ Date \_\_\_\_\_