

# Awana

Registration 2017



**1**

## Child's Name

First Name	Last Name	Birth Date	Grade

**2**

## Contact Information

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**3**

## Permission & Release

I give permission for the above named child(ren) to attend Awana at Balboa Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury, or disability. I further give permission for my child to be treated by a licensed physician designated by the church in case of emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any physical limitations, medical conditions and allergies on the back of this form.