

# AWANA REGISTRATION

## 2017-2018

Parent(s) Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone (mom) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ (dad) \_\_\_\_\_  
Invited to Awana by: \_\_\_\_\_ Email: \_\_\_\_\_  
Church (if any): \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
Who will transport your child(ren)? \_\_\_\_\_  
Individuals authorized to pick up your child(ren) from club: \_\_\_\_\_  
\_\_\_\_\_

### AWANA CLUBBERS:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Hobbies/activities: \_\_\_\_\_  
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Hobbies/activities: \_\_\_\_\_  
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Hobbies/activities: \_\_\_\_\_  
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Hobbies/activities: \_\_\_\_\_  
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:  
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Hobbies/activities: \_\_\_\_\_  
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:  
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Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Hobbies/activities: \_\_\_\_\_  
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:  
\_\_\_\_\_