

Awana meets every Wed Night at Calvary Chapel Community Church. Check in at Kingdom Kidz entry at 6:15 pm (begin at 6:30). Awana is finished at 8:15 pm.



FAMILY NAME: _____

AWANA FAMILY REGISTRATION FOR 2017-2018

Parents' Names: _____

Home Phone: _____ **Cell Phone:** _____

Address: _____

City: _____ **State:** _____

Email Address: _____

Name of Church you regularly attend: _____

Name of child	Age	Grade	B-day (month/day/year please write month out – Jan.)	Club (Cubbies/Sparks/T&T/Trek)

Parent/Guardian's Signature: _____ **Date:** _____

FAMILY NAME: _____



AWANA RELEASE 2017-2018

As the parent/guardian of the following children, I hereby authorize treatment for them under the direction of any licensed physician in the event of a medical emergency, which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if treatment is delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed on the front side of this form.

I assume responsibility for any and all costs connected with such treatment and hereby release all Awana personnel, Calvary Chapel Community Church, and all Calvary Chapel Community Church personnel and volunteers from liability.

Child's Name	Relationship to child	Allergies, Chronic Illness, or Other Condition

Emergency POC: _____

Home Phone: _____

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. This form is **VALID FROM THE DATE SIGNED UNTIL 30 JUN 2018.**

Parent/Guardian's signature: _____

Date signed: _____