



AWANA Registration Form

Please circle: Puggles Cubbies Sparks Truth & Training

Child's Name: _____

Birthday: _____ Age: _____ School Grade: _____

Mailing Address:

Phone Number: _____ Cell Number: _____

Email: _____

Special Medications: _____ Allergic Reactions: _____

Restrictive Activities: _____

Child pick-up/Emergencies: Should my child become ill during AWANA or injured during the club tie and the church (First Baptist Church, Dunnellon, FL) is unable to contact me, I hereby give the church permission to contact one or more of the following people to pick-up my child at First Baptist Church, Dunnellon FL.

(1) Name Relationship Phone Number

(2) Name Relationship Phone Number

List any custody problems: _____

In case of accident or serious illness during club time, I request that the church (First Baptist church, Dunnellon FL) contact me. In case of an emergency, I hereby give the church permission for my child to be transported by Emergency Medical Services to the hospital and be given the necessary treatment. I understand that I will be responsible for any and all related charges.

Parent/Guardian Signature