

2010 AWANA REGISTRATION FORM

****Please print clearly****

Clubber's Name _____ Birth Date _____ Grade _____

Clubber's Name _____ Birth Date _____ Grade _____

Clubber's Name _____ Birth Date _____ Grade _____

Clubber's Name _____ Birth Date _____ Grade _____

Additional names & birthdays: _____

Parent's Name(s) _____

Address: _____

Home Phone: _____ Emergency Cell Number: _____

E-mail: _____

Church you are presently attending: _____

If your child(ren) attended Awana previously, please list the book they most recently completed:

(child's name, book) _____

**** Your child's current grade reflects the club you wish your child placed in (within age parameters).**

CUBBIES – PreK SPARKS – K thru 2 T&T – 3 thru 6 TREK – 7 thru 8 VARSITY – 9 thru 12

Emergency Information:

Please list any allergies, medications, or special instructions: _____

Additional Emergency Contact (friend/family): _____ Phone _____

Family Doctor _____ Facility _____ Phone _____

Insurance type & policy number: _____

I give my permission for my child to be treated at the nearest medical emergency facility. I understand that I will be notified before treatment is administered, if possible.

Parent's Signature _____ Date _____

Is there an area that you as a parent can serve this year?

- () a leader or a leader-in-training for any of the clubber's groups (PreK up thru 12th Grade)
- () a sign-in table helper
- () an Awana Store Helper
- () a volunteer verse listener
- () a chaperone for special events or Awana Games

Return with payment to: WBF AWANA 46 Winchester Street, Warrenton, VA 20186