

AWANA REGISTRATION & PERMISSION FORM

Child's Name _____

Parents / Guardian _____

Street Address _____

City, State, Zip _____

Email Address _____ (for Awana updates)

Home # _____ Work # _____

Child's Birthday _____ Age _____ Grade _____

Church _____

For Medical Attention:

In the event that an accident or illness should occur while my child is at an AWANA club event, the Church as listed below has my permission to provide emergency treatment. If I cannot be reached, I give permission to the Physician selected by the Church to secure proper treatment for my child.

Signature of parent or legal guardian

Date

For Field Trips, Special Events, Awana Olympics:

My child has permission to attend field trips or special events as planned by Hope Alliance Church. If there is any exception, I will notify the Awana leader or the Pastor prior to the trip.

Signature of parent or legal guardian

Date

The undersigned assumes full responsibility for any and all costs connected with such treatment as mentioned in the above paragraphs and hereby releases Hope Alliance Church from any and all liabilities.

Signature of parent or legal guardian

Date

Hope Alliance Church
P.O. Box 382
Damascus MD 20872
301-414-0344