

# 2011 - 2012 AWANA Registration Office Use Only

Westside Church — Mableton, GA Date Registered

◦ CUBBIES ◦ Sparks ◦ T & T

## CHILDREN

CHILD #1 NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SCHOOL GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS:

CHILD #2 NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SCHOOL GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS:

CHILD #3 NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SCHOOL GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS:

PARENTS' (OR GUARDIANS') NAMES \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ CELL 1 PHONE (    )

CELL 2 PHONE (    )

E-MAIL ADDRESS \_\_\_\_\_

CHURCH ATTENDED:  WESTSIDE CHURCH  NONE  OTHER

IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED NOTIFY:

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

***IN CASE OF EMERGENCY, I HEREBY AUTHORIZE THE AWANA CLUB AT WESTSIDE CHURCH TO SEEK MEDICAL ATTENTION FOR MY CHILD (CHILDREN) LISTED ABOVE, AND RELEASE THE AWANA CLUB AND WESTSIDE BAPTIST CHURCH FROM ALL LIABILITY.***

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

AWANA Use Only Visitor with \_\_\_\_\_ Copy Sent to  Club Director  Church Secretary  Other \_\_\_\_\_