



First Reformed Church Awana Registration Form

*One form for all children in family
Please print*

Name	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	DOB	Grade (Please Circle) 1 2 3 4 5 6
Allergies, Medical, Other Info			
Name	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	DOB	Grade (Please Circle) 1 2 3 4 5 6
Allergies, Medical, Other Info			
Name	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	DOB	Grade (Please Circle) 1 2 3 4 5 6
Allergies, Medical, Other Info			
Name	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	DOB	Grade (Please Circle) 1 2 3 4 5 6
Allergies, Medical, Other Info			
Parent/Guardian First Name	Parent/Guardian Last Name		
Address			
City		State & Zip	
Parent/Guardian Primary Phone	Parent/Guardian Alternate Phone		
Parent/Guardian Email			
Emergency Contact Name (if parent/guardian can't be reached)			
Emergency Contact Phone		Emergency Contact Relationship	

Should an emergency or problem arise, we will contact a parent or emergency contact if the parent cannot be located. In the unfortunate situation that the Awana volunteers have a discipline issue concerning your child, the parent will be contacted and possibly asked to come and pick up their child.

I hereby give my permission for the above-named children to be involved in Awana. I agree to encourage and support my children and help them with any memorization they may need to work on at home.

Signature of Parent/Guardian

Date

(Signed form valid September 2020 – August 2021)



First Reformed Church Permissions & Releases

****This paper must be signed by the parent/guardian for your child to participate in Awana!**

Medical Permission and Release

As Parent/Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for the Awana Club year from September 2020 through August 2021.

I agree that a photocopy or reproduction of this permission form will serve as my authorization as described above. I release the Awana Club and Rock Valley First Reformed Church from all liability.

Child's Name(s) _____

Signed: _____ Relation: _____ Date: _____

Media Release

Throughout the club year we take photographs of the events taking place. We then use these photographs within the church such as slide shows and outside of the church to promote the club (through brochures, website, facebook, & instagram). Please check one of the following:

I grant permission to Rock Valley First Reformed Church to use my child's photograph for use both within the church and outside of the church.

I grant permission to Rock Valley First Reformed Church to use my child's photograph within the church ONLY.

I do NOT grant permission to Rock Valley First Reformed Church to use my child's photograph.

Signed: _____ Relation: _____ Date: _____