

AWANA Registration
Rose Drive Friends Church

Last Name

Primary Guardian Name:

E-mail Address:

Telephone: (Home) _____ (Cell) _____

Address:

Street

City

Zip

Secondary Guardian Name:

Telephone: (Home) _____ (Cell) _____

| OFFICE USE ONLY | | | |
|---------------------------|--------------------------|--------|--------------------------|
| Date Rec'd ____/____/____ | | | |
| Amount Paid \$ _____ | | | |
| Pymt Method _____ | | | |
| Fall | <input type="checkbox"/> | Spring | <input type="checkbox"/> |

| | | | |
|----------------------------|--------------------------|---------|--------------------------|
| I would like to Volunteer: | | | |
| Puggles | <input type="checkbox"/> | Cubbies | <input type="checkbox"/> |
| Sparks | <input type="checkbox"/> | T&T | <input type="checkbox"/> |

| CHILD #1 | | |
|--|-----------|-------------|
| | | F M |
| NAME _____ | | |
| BIRTHDAY _____ | AGE _____ | GRADE _____ |
| SCHOOL _____ | | |
| HOME CHURCH | | |
| <input type="checkbox"/> Child needs a uniform | | |
| <input type="checkbox"/> Allergy / Special Need: | | |

| CHILD #2 | | |
|--|-----------|-------------|
| | | F M |
| NAME _____ | | |
| BIRTHDAY _____ | AGE _____ | GRADE _____ |
| SCHOOL _____ | | |
| HOME CHURCH | | |
| <input type="checkbox"/> Child needs a uniform | | |
| <input type="checkbox"/> Allergy / Special Need: | | |

| CHILD #3 | | |
|--|-----------|-------------|
| | | F M |
| NAME _____ | | |
| BIRTHDAY _____ | AGE _____ | GRADE _____ |
| SCHOOL _____ | | |
| HOME CHURCH | | |
| <input type="checkbox"/> Child needs a uniform | | |
| <input type="checkbox"/> Allergy / Special Need: | | |

PERMISSION SLIP

Initial The undersigned being the parent or legal guardian of the named children hereby saves and holds harmless Rose Drive Friends Church and youth sponsors, jointly, severally, personally and each and every one of them from acts or act and claims or liabilities arising from the participation of said children in the activities and field trips as described below: Awana classroom and outdoor activities or those resulting from the transportation of said children to said activity or from said activity. The undersigned hereby authorizes the correct authorities to consent to any medical care, treatment, or surgery which may be necessary due to any personal injury or illness of said children while attending said activity or while enroute to or from said activity.

Initial Your signature below grants permission for Rose Drive Friends Church to use video, photographs and/or slides of your child for publicity purposes.

Emergency Contact Name

Phone Number

Signature

Date

| AWANA FEES | | | |
|---|---|---|---------------|
| | | | Totals |
| Registration Fee \$50 per child | | \$ | |
| Uniforms: <input type="checkbox"/> Cubbie Vest (\$10) | <input type="checkbox"/> Sparks Vest (\$10) | <input type="checkbox"/> T&T Shirt (\$15) | \$ |
| Total Payment | | | \$ |