



2016-2017 Registration and Insurance Form- PLEASE PRINT

Family's Last Name _____

Child's name	Birthday	Grade	Allergies/Health needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian

Name _____
 Address _____
 City/Zip _____
 Home Phone _____
 Cell Phone _____
 Email _____
 Church Home _____

Other adult contact information

Emergency Contact – Please provide two people who can pick-up your child within 30 minutes.

Name	Phone
_____	_____
_____	_____

Insurance Information - PLEASE PRINT

Name of Insured: _____ Company: _____
 Policy #: _____ Group #: _____ Phone Number: _____

Waver of Liability and Medical Release

I, _____ agree and consent to having the adult leaders of AWANA, under whose auspices this program is conducted, approved as guardian to secure any emergency medical care or treatment that may be necessary for (list all children) _____ during AWANA meetings and activities. I further assume all responsibility for their decisions so made, and the emergency care or treatment so secured by them. I also release Woodcreek Church, and all AWANA leaders, from any and all liability, claims, suits, demands, or causes of action which may arise from bodily injury or property damage as a result of said party's participation in or observation of the above stated activities.

Signature of Parent or guardian

Signed the _____ day of _____, 20____