

AWANA REGISTRATION FORM 2018-2019

OFFICE USE ONLY	
Puggles:	_____
Cubbies:	_____
Sparks:	_____
T&T:	_____
Trek:	_____
Journey:	_____

Parent Names: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

City/State/Zip: _____ Email: _____
We will email Club reminders & notices.

Invited by: _____ Home Church: _____

Please provide an emergency contact number in case we cannot reach you.

Emergency Contact: _____ Relationship: _____ Phone: _____

Who has permission to pick up your child besides parents listed?

Name: _____ Relationship: _____ Phone: _____

AWANA is possible because of a devoted team of Volunteer- Please consider assisting in the following areas:

Leader Listener Snacks Crafts Music Games Special Events

Circle your areas of interest. All volunteers are required to complete our screening process and orientation/training!

If applicable, would you like further information about E-Free Church? **YES** _____ **NO** _____

Clubber Information

Child's Name	Date of Birth	AGE/Grade	Gender	CLUB: Journey/Trek Puggles/Cubbies/Sparks/T&T
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Medical Information

Please indicate if your child has Allergies/Special Needs – Be Specific...

<u>Child's Name</u>

MINOR RELEASE WAIVER

Please check EACH box to give permission

I give E-Free Church of Bozeman permission to use and publish the photograph(s) of my child(ren), whether in print or electronic media, taken in conjunction with E-Free activities. I agree that the E-Free Church of Bozeman may use the photograph(s) of my child(ren), without his/her first name, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, video productions, and web content. I release all claims against E-Free Church of Bozeman with respect to copyright ownership and publication.

I waive and release all claims against Evangelical Free Church of Bozeman with respect to any injury on Church property.

In the event of an emergency and I cannot be reached, I authorize the Evangelical Free Church to pursue medical attention for my child.

Signature: _____ Date: _____

Relationship to Child(ren): _____