



Registration

Grade Entering _____ Parent Email _____

_____/_____/_____
Last Name First Name Birth Date M/F

Address City/State Zip Home Phone

Father's Name Home Phone Cell Phone

Mother's Name Home Phone Cell Phone

Emergency Contact Name (other than parents) Contact Phone

Medical Conditions, allergies, chronic illnesses Medications now being used

Physical Restrictions/other concerns

Please list siblings attending Awana Clubs at Elk Plain Community Church

Last Name First Name Age Club (Cubbie, Sparky, etc.)

Medical Consent

Name of minor child – please print

As the parent/guardian for the above name child, I do hereby authorize treatment in the event of a medical emergency. This authority is given only after a reasonable attempt has been made to reach me by phone. Also, treatment may be given if it is deemed that any delay could cause endangerment of life, cause disfigurement, physical impairment or undue discomfort.

Parent/guardian signature

Date

Photo Consent

During the course of the Awana year we will be taking pictures of the classes during club nights and events. We need your permission to allow your child to be photographed and be used in our publications and on our website www.elkplain.org.

Please circle one

I give my permission for my child's photo to be used for church publications or placed on their website or facebook page.

YES / NO

Uniform Size Chart

Circle Choice

Cubbie	M-5	L-6	XL-8
Sparky	M-8	L-10	XL-12
T & T	Adult S	Adult M	Adult L

Club _____ Size _____

Office Use Only			
	Am't/Date Paid	Am't/ Date Paid	Date Rec'd
Dues	\$30		
Pre-JV Book	\$15		
Varsity Book	\$20		
Uniform			
Cubby	\$13		
Sparky	\$15		
T & T	\$17		
Total	_____		