

AWANA REGISTRATION FORM

South Ridge Community Church 7 Pittstown Road Clinton, NJ 08809 (908)735-5252

Name of Child(ren)	Age	Date of Birth	Grade for Sept 2011
Father's Name:			
Mothers Name:			
Home Phone(required):			
Cellular Phone(required):			
Street Address			
City, State, Zip			
Email Address(required):			
Contact number during Club Hours (required):			
Person(s) authorized to pick up my children			
1.			
2.			

VOLUNTEER QUESTIONNAIRE

Are you currently a volunteer in our AWANA program? **Yes** **No**

If not, what area(s) interest you?

Cubbies _____ Administrative _____

Sparks _____ Contest Helper _____

TNT _____ Bible Story Teller _____

Games _____ Special Events _____

What time commitment can you fill?

1x/month _____ 2x/month _____ 3x/month _____ 4x/month _____

What church do you currently attend? _____

What volunteer activities are you currently involved with in your church?

AWANA MEDICAL RELEASE FORM

Name of Child(ren)	Date of last Tetanus
<u>Medical Insurance Information</u>	
Insurance Co. Name	
Policy owner	
Policy ID # & Group #	
Physician Name	
Physician Phone #	
<u>Pertinent Medical Information</u> (i.e. allergies, medical conditions, etc.)	
<u>Additional pertinent Information</u> (behavioral)	
<u>Emergency Contact Information</u>	
Person, other than parent to notify in case of emergency. (should be someone we could reach during Awana Club meeting time)	
Contact Name	
Phone Number	
Relationship	

Authorization Signature

I am a parent or legal guardian of the above named child(ren) and hereby grant my Permission for him/her to fully participate in the weekly activities of the Awana Club sponsored by South Ridge Community Church. In the event any of the above named Children require emergency medical care, and I can not be reached, I hereby grant my permission to the leadership of the Awana Club to seek emergency medical treatment. In granting this permission, I accept all responsibility for any medical costs incurred.

Signature of Parent/Guardian