

**AWANA REGISTRATION FORM, 2011-12**  
**CUBBIES CLUB**

Registration: \$30.00 for first child, \$25.00 for each additional child – Paid by: Check ( ) Cash ( ) Sponsored ( )  
Cubbies Bag \$6.00 (Optional) – Paid by: Check ( ) Cash ( ) First year attending Awana? ( ) yes ( ) no  
Does child need a uniform? (No additional cost) Yes ( ) No ( ) Shirt size \_\_\_\_\_

**Laveen Baptist Church**  
**AWANA CLUBS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
"Goes By" Name \_\_\_\_\_ Boy ( ) Girl ( ) Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell or other phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Home Church \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Lives with Mother ( ) Yes ( ) No  
Father's Name \_\_\_\_\_ Lives with Father ( ) Yes ( ) No

**MEDICAL PERMISSION SLIP**

To Whom It May Concern:

As a parent and/or guardian of the above named, I do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by the phone numbers listed above. The undersigned assumes responsibility for any costs connected with such treatment, and hereby released the church where the child attends Awana club from any liability therefore. This release form is completed and signed of my own free will with the sole purpose of authorizing ,medical treatment under emergency circumstances in my absence.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Other person to contact in case of emergency if you cannot be reached:

\_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Any allergies, illnesses or other conditions to be aware of? Yes ( ) No ( )  
If yes, please write clearly what they are on the back of this form.

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**OTHER GREAT INFO FOR THIS CHILD**

Do you need a ride to or from AWANA? To ( ) From ( ) Both ( )  
Do you have other family members attending here, too? Yes ( ) No ( ) If yes, Please check appropriately.  
Adult ( ) Leader ( ) Adult Study ( ) Youth ( )  
Puggles ( ) Cubbies ( ) Sparks ( ) Ultimate Adventure-Grades 3-4 ( ) Ultimate Challenge-Grades 5-6 ( )