

**2024-2025 AWANA
Registration and Medical Release Form
Faith Evangelical Free Church, Fall Creek, Wisconsin**

Father's Name: _____ Phone Number _____

Email: _____

Mother's Name: _____ Phone Number _____

Email: _____

**Please star the cell phone that you would like to receive text updates from AWANA
(i.e. closings, special events, etc.)**

Address: _____

Church Clubber (s) Attends: _____

Child (ren) will be brought to AWANA by: _____

Authorized to pick up child (ren): _____

Clubber's Name: _____ School Grade: _____ DOB: _____ Age: _____ M ___ F ___

Allergies (medical or food): _____

Clubber's Name: _____ School Grade: _____ DOB: _____ Age: _____ M ___ F ___

Allergies (medical or food): _____

Clubber's Name: _____ School Grade: _____ DOB: _____ Age: _____ M ___ F ___

Allergies (medical or food): _____

Clubber's Name: _____ School Grade: _____ DOB: _____ Age: _____ M ___ F ___

Allergies (medical or food): _____

I give permission to the Faith Evangelical Free Church AWANA club leadership to authorize or administer medical attention to my child(ren) if they deem it an emergency during club activities. I understand that every effort will be made to contact me as quickly as possible. I also understand that the responsibility for any costs with such treatment is mine and I release Faith Evangelical Free Church where my child attends AWANA and the leaders from any and all liability.

We also take pictures of the children during their activities for use in promotional materials, bulletin boards, etc. Please initial for permission to use your child's photograph solely for these purposes (for safety reasons, their names will not be printed with their pictures.) Yes _____ No _____

Parent Signature: _____ Date: _____

IN CASE OF EMERGENCY CONTACT:

Parent/Guardian _____ Phone Number _____

Alternate Contact _____ Phone Number _____