



Awana® Contact Information and Permission Authorization

Clubber name: _____ Parent/Guardian name: _____

Physical address: _____ Mailing address (if different): _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Parent/Guardian Email: _____ Emergency Contact: _____ Phone: _____

Individuals authorized to pick up child from club (must be at least 16 years old): _____

Parent Location on Campus: _____

Clubber Birthday: _____ Clubber Age: _____ Clubber Grade 2016-17: _____ Clubber School: _____

Home Church: _____ Invited by: _____

Hobbies/Activities: _____

Siblings (Names/Ages): _____

Medical conditions (Allergies/Health Issues): _____

Physical Limitations: _____

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

Annual Membership Fee \$10
Date Paid _____
Received by _____

Parent/Legal Guardian

Date