



# 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

<b>Annual Membership Fee \$10</b>
Date Paid _____
Received by _____

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date