

Awana Registration

Child's Name: _____ Phone #: _____

Child's Address: _____

Child's Birthday: _____ Grade: _____

Parents/Guardians Name: _____

Food Allergies or Medical Conditions:

Emergency Contact: _____

Phone #: _____

The undersigned do hereby give permission for our (my) child to attend and participate in the Awana Program sponsored by Colonial Baptist Church. In the event of an accident or other emergency, when the parent/guardian is not available, I hereby authorize a representative of Colonial Baptist Church to make such arrangements as she or he considers necessary for my child to receive medical, dental, or hospital care, including necessary transportation. The undersigned fully understands she/he is responsible to all cost incurred. The undersigned does also hereby give permission for (our) my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Colonial Baptist Church. The undersigned does hereby hold Colonial Baptist Church, its employees and workers harmless from any and all liability, actions, claims, and demands of every kind which may arise in connection with these activities.

Signature of Parent/Guardian: _____

Date: _____

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