

Grove Park Chapel AWANA 2016-2017

Registration and Emergency Information

Child's **Last Name**: _____ **First Name**: _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
Special Medical Needs/Allergies _____

Child's **Last Name**: _____ **First Name**: _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
Special Medical Needs/Allergies _____

Child's **Last Name**: _____ **First Name**: _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
Special Medical Needs/Allergies _____

Child's **Last Name**: _____ **First Name**: _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
Special Medical Needs/Allergies _____

Child's **Last Name**: _____ **First Name**: _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
Special Medical Needs/Allergies _____

Parent/Guardian name(s): _____
Address: _____
City: _____ State: _____ Zip Code _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail address: _____

Emergency Contacts (if parents cannot be reached):
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

In the event of an emergency, if I cannot be reached and my listed emergency contacts cannot be reached, I give my permission for the AWANA staff at GPC to secure medical assistance for my child while he/she is attending this program. I understand that every effort will be made to contact me and other emergency contacts in an emergency, but if I am unavailable and if immediate medical attention is required, program personnel may authorize such treatment. I will not hold Grove Park Chapel or the AWANA staff responsible in any way.

Parent/Guardian Signature: _____ Date: ___/___/___