



# Shadow Mountain Church 2024-2025

## AWANA Registration and Medical Release Form

Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Names of Child(ren):	Age/Grade:	Medicine & Food Allergies (please write N/A if none):

### Emergency Contact Information:

Father/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If unable to contact above Emergency Contact, call:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

### Medical Information and Releases:

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I hereby grant \_\_\_ do not grant \_\_\_ (check one) permission for SMC to use pictures of my child(ren) on their website for information and promotional purposes. Initials \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received AWANA Family Handbook: \_\_\_\_\_ Paid dues of \$25 per child for the year \_\_\_\_\_

**Does your child need a new shirt?**

Child's name \_\_\_\_\_ size \_\_\_ Child's name \_\_\_\_\_ size \_\_\_

Child's name \_\_\_\_\_ size \_\_\_ Child's name \_\_\_\_\_ size \_\_\_