



AWANA REGISTRATION

Wednesdays, September 2018- May 2019

6:30 to 8:00pm

Ages 3 years (potty-trained) through 5th grade

Skyline Baptist Church - 3451 Liberty St., North Bend, OR 97459

www.sbcnb.org - Phone: (541) 756-3311 ext.26 - Fax: (541) 756-8879 - email Loy Huntzinger - loy@sbcnb.org

Student's Name _____ Date of Birth _____

Male / Female (circle one) Brought or Invited by _____

Grade entering Fall 2018 _____ School Attending _____

Parent / Guardian Name _____

Address, City, Zip _____

Phone _____ Cell Phone _____ Do you text? _____

E-mail _____ Home Church (if any) _____

What is your preferred way to communicate? Circle one: phone call text email other: _____

Would you be interested in:

- Helping each week as a listener during book time (1/2 hour commitment at the beginning of the evening)
- Helping at AWANA once a month
- Helping prepare for and run one or more special events (Store night/Drive-in movie night/Grand Prix/etc.)
- Talking photos at AWANA on special event nights (approximately once a month)
- Helping during AWANA with secretarial needs
- Finding out about additional ways to serve at AWANA

Medical Information

EMERGENCY CONTACT: (NAME) _____ Phone _____

DOCTOR _____ City/Phone _____

HEALTH HISTORY:

Allergies Insect Stings Drugs Food Other

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

OTHER CONDITIONS WE NEED TO BE AWARE OF: _____

Tetanus shot current: ___ YES ___ NO Medication being taken _____

Activity restrictions? ___ YES ___ NO Explain: _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son/daughter is on a church related activity.

Do you have health insurance? ___ YES ___ NO If yes, NAME _____ POLICY # _____
ADDRESS _____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by a Skyline Church representative to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

LIABILITY RELEASE Signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in Awana activities. They also agree not to hold Skyline, or its members liable for damages, losses, or injuries to the person or property under-signed. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. In addition, the parent or guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.

Parent or Guardian's Signature

Valid September 2018 - May 2019