



AWANA REGISTRATION FORM

A legal guardian must complete this form to register his/her child(ren) for Awana at Trinity Evangelical Free Church - Plainview

Legal Guardian Name: _____ Best phone number: _____

Legal Guardian Email: _____ Legal Guardian Cell: _____

Address: _____

Emergency Contact: _____ Phone: _____

Other adults who have my permission to drop off/pick up my child(ren): _____

Where do you attend church most regularly? _____

1st Child's name: _____ Grade: _____ Birthdate: _____

Known allergies, dietary restrictions, prescription medications, other helpful information (use back if needed)?

2nd Child's name: _____ Grade: _____ Birthdate: _____

Known allergies, dietary restrictions, prescription medications, other helpful information (use back if needed)?

3rd Child's name: _____ Grade: _____ Birthdate: _____

Known allergies, dietary restrictions, prescription medications, other helpful information (use back if needed)?

4th Child's name: _____ Grade: _____ Birthdate: _____

Known allergies, dietary restrictions, prescription medications, other helpful information (use back if needed)?

Trinity Evangelical Free Church has my permission to use my child's or children's image and/or likeness for promotional materials: yes no

Release of liability: By signing below, you affirm that all information is true to the best of your knowledge. You also understand that there are inherent risks involved in any ministry event or trip, and hereby release Trinity Evangelical Free Church, its staff, and volunteer workers from all liability for any injury or illness that may occur during the course of or in conjunction with your child's/children's involvement.

Legal guardian signature _____