

**SOUTHDALE BIBLE CHAPEL AWANA PROGRAM – REGISTRATION INFORMATION**

**NAME:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Month Day Year

**ADDRESS:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_  
City Postal Code

**HEALTH CARD NO.** \_\_\_\_\_ **Version Code:** \_\_\_\_\_

**ALLERGIES / MEDICAL CONDITIONS:**  none or \_\_\_\_\_

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**PARENT'S NAME(S):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**CHURCH ATTENDED:**  none or \_\_\_\_\_

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Due to insurance regulations, all children will need to be picked up and signed out at the end of the Awana program each week. My child/children may be picked up by:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

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***Additional Awana participants from the same family:***

**NAME:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Month Day Year

**HEALTH CARD NO.** \_\_\_\_\_ **Version Code:** \_\_\_\_\_

**ALLERGIES / MEDICAL CONDITIONS:**  none or \_\_\_\_\_

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**NAME:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Month Day Year

**HEALTH CARD NO.** \_\_\_\_\_ **Version Code:** \_\_\_\_\_

**ALLERGIES / MEDICAL CONDITIONS:**  none or \_\_\_\_\_

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. In case of minor, this authority is granted only after a reasonable effort has been made to reach parent and/or guardian and/or other contact person.

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