



**GOOD NEWS BAPTIST CHURCH 2010-'11  
AWANA REGISTRATION, MEDICAL,  
AND PERMISSION SLIP FOR ACTIVITY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Male or Female  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Email Address \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Is child a church member? \_\_\_\_\_  
 Parents Church Membership is at: \_\_\_\_\_  
 Emergency contact during Awana: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 How will your child get to Awana? \_\_\_\_\_  
 Do you have any Allergies or other Medical Problems? \_\_\_\_\_  
 \_\_\_\_\_  
 Medication? \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

**CUBBIES:**  
 3's   
 4's

**SPARKS:**  
 K   
 1st   
 2nd

**TRUTH & TRAINING:**

<b>GIRLS</b>	<b>BOYS</b>
3rd <input type="checkbox"/>	3rd <input type="checkbox"/>
4th <input type="checkbox"/>	4th <input type="checkbox"/>
5th <input type="checkbox"/>	5th <input type="checkbox"/>
6th <input type="checkbox"/>	6th <input type="checkbox"/>

**LEADER:**  
 \_\_\_\_\_

I give permission for \_\_\_\_\_ to attend church-sponsored activities from SEPTEMBER 2010 through MAY 2011. I also give my permission for my son/daughter to travel to and from the church-sponsored activity in transportation provided and to receive any medical treatment deemed necessary.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Parent or Legal Guardian)

I agree and consent to allow Good News Baptist Church (6830 Eastern Ave, Grand Rapids, Michigan) to publish photos of my child from all AWANA events throughout the year on their internet website ([www.gnbcgr.org](http://www.gnbcgr.org)), and in various displays within the church.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Parent or Legal Guardian)