If Original Form,	nlease make	NON-black	/hright-colored	l mark.
ii Original i Oriii,	picase illake	INCIN DIGCK	/ Bright Colored	<u> </u>

Version 05/21/2023

September 2023 – June 2024 Community Bible Church AWANA

	Jonnina incy Bi	Die Gilaien E	
GENERAL PERMISSION SLIP & EMERGENCY INFORMAT	RGIES*: FOODMEDSOTHER		
Child's Name: PLEASE PRINT CLEARLY.	Costs of Supplies and the Awana Conference w be available in September. REGISTRATION FEES (Please circle one.) 1 Child: \$75 2 Children: \$140		
	_	3 Childre	<u> </u>
Date of Birth: / / Male_	Female	PAID: CK #	CASH
PRE-K (CUBBIES): Starting Kindergarten Sept	May be mailed to: CBC AWANA; c/o Scott Whitney 7615 Canyon Point Lane, San Diego, CA 92126		
SCHOOL GRADE THIS SEPTEMBER (Please circle	e one.):		,
K 1^{ST} 2^{ND} / 3^{RD} 4^{TH} / 5^{TH} 6^{TH} SPARKS / TRUTH & TRAINING	/ 7 TH 8 TH / TREK	/ 9 TH 10 TH JOUE	11 TH 12 TH RNEY
Address:			
City: Zip: H	lome Phone:		
	PLEASE P	PRINT CLEARLY.	
Previously enrolled in AWANA Last Book Completed:		T-Shirt Size	e:
Father (Printed):		Cell Phone:	
Mother (Printed):		Cell Phone:	
OR Legal Guardian (Printed):		Cell Phone:	
E-mail Address:			
PLEASE PRINT CLEARLY. Where can you (Parent or Guardian) be reached during club ti	me?		
EMERGENCY CONTACT: Name:	_	none:	
Doctor:		none:	
		<u> </u>	
*ALLERGIES OR MEDICATIONS BEING TAKEN:			
General Permission and Authorization to Consent to I, the undersigned, Parent or Legal Guardian, do hereby grant permic Church AWANA Club's organized outings during this club year. Should personnel, doctor, paramedic, or hospital to perform any x-ray, example care which is deemed advisable by said emergency personnel, doctreatment is rendered. It is understood that this authorization is given care and intended to provide authority and power on the part of an such diagnosis, treatment, or hospital care which the aforementioned judgment may deem advisable. This authorization is made under CA. For the care was a such care and intended to provide authority and power on the part of an such diagnosis, treatment, or hospital care which the aforementioned judgment may deem advisable. This authorization is made under CA. For the care is a such care and intended to provide authority and power on the part of an such diagnosis, treatment, or hospital care which the aforementioned is provided to the care and the care	ission for the child name Id medical care be need nination, anesthetic, me ctor, paramedic, or hos n in advance of any speci y Awana leader or perso l emergency personnel, o	ed above, to attend all led, I also authorize any dical, or surgical diagnopital regardless of whe fic need for diagnosis, tonnel to give specific co	y licensed emergency osis or treatment and ere such diagnosis or treatment, or hospital onsent to any and all
Signature of Father, Mother, or Legal Guardian:			
(Please circle one.)	SIGNATU	RE	DATE
Printed Name of Person Signing			

Registered By: _____