산타클라라 연합감리교회
Korean United Methodist Church of Santa Clara Valley

AWANA REGISTRATION
INFORMATION &
MEDICAL RELEASE FORM

Parent/Guardian's Information (보호자 정보)

Name

Home Phone

Address

Cell Phone

City State Zip

Email

Church Attendance (if any)

Emergency Contact Phone

Child's Information

Name(English)

Boy / Girl
Date of Birth Gender

X-Small / Small / Medium / Large / X-Large
T-shirt Size

Kinder / 1 / 2 / 3 / 4 / 5
Grade (in Fall)

Allergy or Special needs we need to know about your kid

I want dinner / I don't want dinner
Dinner Option

Sparks: Hang Glider / Wing Runner / Sky Stormer

T&T: Book 1 / Book 2 / Book 3 / Book 4
Current Progress if your kids has done AWANA at other church

RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATEMTN

1. **Photo Release**: Santa Clara KUMC AWANA Club may photograph or video tape during the club year and my child(ren) may appear in these photographs or videotapes, which may be used by the club for promotional, commercial or administrative activities.
2. **Consent to Medical Treatment**: I give permission for my child(ren) to participate in the AWANA program at Santa Clara KUMC. I understand that this activity will be closely supervised. However, should there be an emergency situation; I give my written consent to all supervisors to make decisions concerning the medical treatment of my Clubber. I understand that I will be notified immediately in case of an emergency, and I agree not to hold Podowon Baptist Church liable in any way.

Parent/Guardian Signature

Date

입학금 Admission	등록금 Registration	저녁식사 Dinner	합계 Total	Payment		날짜	수령자
				Check	Cash		