



Child's name (please print):		girl / boy
Grade: Age: Bi	rthday:	
Parent/Guardian Information Name of parent(s) or guardian:		Phone:
Preferred email:		
Please check here if you	would like to receive email remind	ders/updates from the children's ministry
Address:		Zip:
In Case of Emergency		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Person Permitted to Pick Up Your	AWANA Clubber	
Parent / Guardian:		Phone:
Secondary Contact:		Phone:
Third Contact:		Phone:
AWANA Club Activity / Medica	al Release Form	
year. While expecting the AWANA Immanuel Baptist Church from li meeting and/or additional AWAN	A staff to look after the safety ability for any injury or illness A-sponsored activities. WANA Clubs to obtain whatever	AWANA activities for the current school of my child, I hereby release them and that my child may sustain during club er emergency medical attention might ereached
be necessary for the above-name	d Child in the event i cannot be	e reached.
Signature of parent or guardian	Date	
Family physician:	Phone:	
Emergency contact:	Phone:	
Insurance company:	Grou	p #: ID#
Special medical concerns:		



Clubber Information





Picture/Photo Release		
l,	as the parent/or legal g	guardian of the above
children,		
☐ DO give permission		
DO NOT give permission		
For Shin Kwang Church of New York, 33-55 Bell Blvo (film, digital and video) while participating in church on any website or social media set up by and or relate child's pictures will not be used for any other purpo further consent for use.	activities and post them ed to Shin Kwang Church	in church brochures or of NY. I understand my
Parent / or Legal Guardian Signature		Date

