



Please complete a separate form for EACH child attending.

CUBBIES Must be 3 years by 10/1/11 and Independently Potty Trained

SPARKS Must be 5, 6 or 7 years by 10/1/11 and K - 2nd grade

T & T Boys 3rd-6th grade

T & T Girls 3rd-6th grade

TREK 7th-8th grade

Journey 9th-12th grade

Child's Name _____ Gender: Male or Female

Birth date: ____/____/____ Age: ____ Grade / fall of 2011: _____

Parents / Guardian _____

Address: _____

City: _____ Zip: _____ Home phone: _____

Cell Phones: MOM'S _____ DAD'S _____

E-mail Address (please print clearly): _____

Church you attend: _____

Please give first and last names of adults with whom your child may leave with (other than parents).

PARENT / GUARDIAN VOLUNTEER INFORMATION

Parents with a Cubbie are required to volunteer in Cubbies 2 times a year. (See Cubbies Director for Sign-Up Sheet)
Parents of Sparks and T & T clubs are required to volunteer in their child's club once a month, per child.

Name _____ Already a full time Leader/Director in AWANA (Stop Here)

VOLUNTEER SCHEDULE (Parents in Wednesday Bible Study, please see AWANA Secretary) 8 weeks total per child

Please number your 1st and 2nd choices (If you have more than one child, please choose two weeks)

1st week of every month 2nd week of every month 3rd week of every month x 6 and 1 of the 5th weeks

4th week of every month x 6 and 1 of the 5th weeks Flexible

Club willing to work in? Sparks T & T Either

I understand and agree to meet these requirements. I have signed my Medical Release form and paid the fees.

Signed _____ Date _____

Medical Release Form On Back →

HERITAGE
EVANGELICAL FREE CHURCH
555 N. Heritage Avenue
Castle Rock, CO 80104
303-660-9911



2011-2012

Heritage EFC AWANA Medical Release Form

(Must accompany Registration form)

Child's Full Name _____

Allergies or Medical Conditions: _____

Child's Doctor: _____ Phone Number: _____

To Whom It May Concern:

I, _____, the parent or legal guardian of, _____, do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed on the other side of this form.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Heritage Evangelical Free Church from any liability therefore. This release is effective from August 17, 2011 - June 30, 2012. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances as described above in my absence.

Signed: _____ Date: _____

Relationship to child (circle one): Father Mother Legal Guardian