



**Fort Belvoir, Virginia 2014 – 2015 Registration Form**

**Please Complete All Information  
Awana Dates September 3, 2014 – May 13, 2015  
6:30 – 8:00 pm**

Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Father or Guardian: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Church: \_\_\_\_\_

**Fort Belvoir Release Form for Use of Personal Images**

From time to time during the club year videos, photographs, and/or slides will be taken of our Clubbers. These will be used in-house only. Your signature below grants permission for Fort Belvoir to take videos, photographs, and/or slides of your child for in-house uses.

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_ <Please complete reverse of form>

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Does child have a uniform?  Yes  No

Club to Attend

- \_\_\_ Puggles-3 year old
- \_\_\_ Cubbies – 4 & 5 year old
- \_\_\_ Sparks – K – 2<sup>nd</sup> gr.
- \_\_\_ T & T – 3<sup>rd</sup> – 6<sup>th</sup> gr.
- \_\_\_ Trek- 7<sup>th</sup>-8<sup>th</sup> gr.
- \_\_\_ Journey – 9<sup>th</sup>-12<sup>th</sup> gr.

Name of school or home school:

\_\_\_\_\_

List any food allergies, health, or behavioral concerns.

\_\_\_\_\_

\_\_\_\_\_

Does child have a special need or disability? \_\_\_\_\_

I, \_\_\_\_\_, do hereby state that I am the (a) parent and/or legal guardian of my child \_\_\_\_\_, a minor, age \_\_\_\_\_. I give consent for a responsible adult at the AWANA ministry at Fort Belvoir to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: reasonable effort has been made to find me: the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Member of Belvoir Awana last year?**

**Yes No**

**1. Authority:** 10 USC 3547 a. and b. EO100013

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Does child have a uniform?  Yes  No

Club to Attend

- \_\_\_ Puggles - 3 year old
- \_\_\_ Cubbies – 4 & 5 year old
- \_\_\_ Sparks – K – 2<sup>nd</sup> gr.
- \_\_\_ T & T – 3<sup>rd</sup> – 6<sup>th</sup> gr.
- \_\_\_ Trek -7<sup>th</sup>-8<sup>th</sup> gr.
- \_\_\_ Journey – 9<sup>th</sup>-12<sup>th</sup> gr.

Name of school or home school:

\_\_\_\_\_

List any food allergies, health, or behavioral concerns.

\_\_\_\_\_

\_\_\_\_\_

Does child have a special need or disability? \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**Member of Belvoir Awana last year?**

**Yes No**

**2. Purpose:** Record info of persons in RE.

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Does child have a uniform?  Yes  No

Club to Attend

- \_\_\_ Puggles -3 year old
- \_\_\_ Cubbies – 4 & 5 year old
- \_\_\_ Sparks – K – 2<sup>nd</sup> gr.
- \_\_\_ T & T – 3<sup>rd</sup> – 6<sup>th</sup> gr.
- \_\_\_ Trek – 7<sup>th</sup>-8<sup>th</sup> gr.
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Name of school or home school:

\_\_\_\_\_

List any food allergies, health, or behavioral concerns.

\_\_\_\_\_

\_\_\_\_\_

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I, \_\_\_\_\_, do hereby state that I am the (a) parent and/or legal guardian of my child \_\_\_\_\_, a minor, age \_\_\_\_\_. I give consent for a responsible adult at the AWANA ministry at Fort Belvoir to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: reasonable effort has been made to find me: the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Member of Belvoir Awana last year?**

**Yes No**

**3. Use:** Emergencies. **4. Disclosure:** Voluntary.