



Starting  
September 15, 2010  
Wednesdays  
6:30 - 8:15 pm  
At Grace Chapel

**Register Now! Cost: \$20/child**

**Kids 3 years old through  
5th grade are invited!!**

*Save time and pre-register  
using this card*

For more information:

Call: 610-446-9201

Email: [grace@gracechapel.pa.org](mailto:grace@gracechapel.pa.org)

### AWANA Registration 2010

Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_

Email: \_\_\_\_\_

Church Attending: \_\_\_\_\_

#### Return All Forms To:

Grace Chapel • 1 W. Eagle Rd. • Havertown PA 19083  
Church Office: 610.446.9201 • Fax: 610.446.0375  
Email: [grace@gracechapel.pa.org](mailto:grace@gracechapel.pa.org)

### Grace Chapel Youth Medical/Media Authorization

Please Print Clearly

Child's Name: \_\_\_\_\_  
Emergency Contact Number (other than parent)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Medical Alerts? Allergies? Special Needs? Please List Below:

Does your child have a known bee sting allergy? YES / NO

Does your child have a latex allergy? YES / NO

Does your child have a peanut allergy? YES / NO

Yes, as a parent and/or guardian of the minor identifies above, I hereby give permission for emergency medical treatment for my child. I understand that a reasonable effort will be made to contact me, or the emergency contact shown above, if I cannot be reached at the telephone numbers listed. This authorization is completed and signed with the express purpose of authorizing medical treatment under emergency circumstances in my absence.

Yes, I hereby grant the Grace Chapel AWANA Leaders permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with the AWANA program.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_