



# MBC AWANA REGISTRATION FORM

Please use a pen to fill out completely, then sign and return, along with fees (Checks can be made out to MBC).

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  MALE  FEMALE Grade: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  MALE  FEMALE Grade: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  MALE  FEMALE Grade: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  MALE  FEMALE Grade: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  MALE  FEMALE Grade: \_\_\_\_\_  
 Allergies/Special Needs: \_\_\_\_\_

Dad  Step-Dad Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB \_\_\_\_\_  
 Mom  Step-Mom Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

**(If parents are separated)** Child(ren) lives with: \_\_\_\_\_

Other Adults Authorized To Pick Up Your Child

- 1. \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. \_\_\_\_\_ Phone # \_\_\_\_\_

***Cubbies is for children of volunteers. However, if we have extra space, it will be filled one a first-come, first-serve basis. Children MUST be 3 years old before AWANA begins on September 10, 2025 to be able to participate in the Cubbies Program.***

### MEDICAL RELEASE

To whom it may concern: As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor 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 undo discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me. This release form is completed and signed at my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. The dates covered by this release are September 1, 2025 through June 1, 2026.

Please note that your child may be photographed or videotaped during the week. These pictures/videos could possibly be used on our website or in promotional materials. If you do NOT want your child to be photographed, please contact the church office to complete the appropriate form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## 2025-2026 AWANA Concussion Form

The Zackery Lystedt Law dealing with concussion and brain injury in youth sports became a law in the State of Washington on July 26, 2009. Any child with signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the child especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the child suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (Second impact syndrome) with devastating and even fatal consequences. It is well known that adolescents or teenagers will often underreport symptoms of injuries. And concussions are no different. As a result, the education of youth leaders, parents, and children is the key to safety.

### **If you think your child has suffered a concussion**

Any child even suspected of suffering a concussion must be removed from participation in AWANA activities, AWANA Games or Sparks-a-Rama immediately. No child may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the child should continue for several hours. The Lystedt Law now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years;

*“a young athlete who is suspected of sustaining a concussion or head injury in a practice*

*or game shall be removed from competition at that time”*

*and*

*“may not return to play until the athlete is evaluated by a licensed health care provider trained*

*in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”*

Parents should also inform their child’s church AWANA leader if you think that your child may have a concussion. Remember that when in doubt, the athlete sits out!

For current and up-to-date information on concussion you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

## **PLEASE FILL OUT OTHER SIDE OF FORM**

## Concussion/Consent Form for AWANA Participation:

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

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

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

