

Awana Clubber Registration

Club Year: 2010—2011

- PLEASE PRINT -

<u>Parent/Guardian</u>	<u>Number / E-Mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Family Church: _____	E-Mail: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
	Emergency*: _____	_____

*Emergency Contact During Club Time (other than parents)

<u>Child's Name (First, Middle, Last)</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Clubber</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am interested in helping: _____ Weekly _____ Every other week _____ Monthly _____ For Special Events
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

Terms and Conditions

- ◇ I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Crossroads Community Church and any persons involved in the Awana club ministry.
- ◇ In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- ◇ I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- ◇ I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated beforehand.

I have read and agree to the Terms and Conditions stated above

X _____
 Signature of Parent/Guardian Date

Office Use

Fees:

Dues	_____	_____
Book	_____	_____
Uniform	_____	_____
_____	_____	_____
_____	_____	_____
Total Due	_____	_____
Amt Paid	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____