

Club Year: _____ -Please Print-

Parent/Guardian	Number/E-mail Address	Contact Person
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	Email: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
_____	Emergency*: _____	_____
* Emergency Contact During Club Time (other than parents)		

Child's First and Last Name	Nickname	Birth Date	Gender	Grade	School	Need Book	Need Uniform
_____	_____	_____	_____	_____	_____	<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"/>

Allergies:
Meds:
Special Needs:

* If you have more than one child registered, please denote which clubber has the allergy, meds or special needs so that we can convey this to their leader.

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 children.

Terms and Conditions

- 1) 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, Staunton Alliance Church and any persons involved in the Awana Club ministry.
- 2) 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.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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.
- 4) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions listed above
X _____
Signature of Parent/Guardian _____ Date _____

<u>Office Use</u>	
Fees	_____
Book	_____
Uniform	_____
Total Due	_____
Amt Paid	_____
_____	_____
_____	_____
_____	_____
_____	_____