

2019-2020 Awana Registration Form

Parent/Legal Guardian Name: _____

Street Address: _____

City/Zip: _____ Primary Phone Number: _____

Optional Phone Number(s) (if any): _____

Email Address: _____

- I understand the possible use of pictures or brief video clips of my child(ren) in Awana-related activities on the churches website. If I wish to exclude my child from such possibilities, I will notify Calvary Baptist Church in writing of my desire. **(Please read and check the box to indicate agreement).**

The following people may pick up my children (Please let Pam Petruska and the Club Director know if there is someone who should NOT pick up your child(ren):

Name: _____

Name: _____

Address: _____

Address: _____

Relationship to Clubber: _____

Relationship to Clubber: _____

Phone Number: _____

Phone Number: _____

Child's Name	M/F	Age	Grade	Date of Birth

I hereby authorize AWANA leaders to administer first aid and to obtain and consent to on my behalf, any emergency first aid or medical care by any physician or hospital for my child(ren) listed above. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child(ren) listed above. I understand the leadership of AWANA will make every attempt to contact me in the case of an emergency. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

Signature of Parent or Legal Guardian: _____ Date: _____

Cubbie Fee: \$40.00 x _____ = \$ _____

Sparks Fee: \$40.00 x _____ = \$ _____

T&T Fee: \$40.00 x _____ = \$ _____

Trek Fee: \$40.00 x _____ = \$ _____

TOTAL DUE: \$ _____

AWANA Office Use Only:

Total Amount Paid \$ _____

Check# _____ Cash

IF Van Rider, designate Van (circle):

Green White Chevy