

Please Print

<b>Parent/Guardian</b>	<u>Number</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	Cell Phone: _____	_____
City: _____ State: _____ Zip: _____	E-Mail: _____	_____
Home Church: _____	Optional Phone: _____	_____
Emergency Contact and number during club time (if parents cannot be reached.) _____		
Persons (other than parents) authorized to pick up the children _____		

<u>Cubbies Age (3-preK)</u>	<u>Clubber's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Needs: Book</u>	<u>Uniform (size)</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

<u>Sparks Grade (K-2)</u>	<u>Clubber's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Needs: Book</u>	<u>Uniform (size)</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

<u>T&amp;T Grade (3-5)</u>	<u>Clubber's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Needs: Regular or Essential Book</u>	<u>Uniform</u>
_____	_____	_____	_____	_____	_____ or _____	_____
_____	_____	_____	_____	_____	_____ or _____	_____
_____	_____	_____	_____	_____	_____ or _____	_____

<u>Clubber</u>	<u>Special Needs</u>	<u>Allergies</u>	<u>Foods to Avoid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian: I am interested in helping: \_\_\_\_\_ Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Monthly \_\_\_\_\_ For Special Events

**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 leagal liability. Evangelical Free Church and any person 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 volunetters to secure the serviced of a liscended 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 I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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 childe to appear among other general club photos as long as there is no identifying information shown.

I have read and agreee to the Terms and Conditions stated above.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

<b>Material Fees: Cubbies &amp; Sparks</b>	
Handbook (HB): \$12.00	_____
Uniform: \$13.00	_____
<b>Material Fees: T&amp;T</b>	
Regular HB: \$12.00	_____
Essentials HB: \$6.00	_____
Uniform: \$15.00	_____
<b>Scholarship needed</b>	_____
<b>Total Due</b>	_____
<b>Amount Paid</b>	_____
<b>Date Paid</b>	_____
<b>Paid by</b> check _____ cash _____	

*check one*  My kids will attend Awana in person.

My kids will participate at home