

AWANA Registration Form 2019-2020

Parent/Legal Guardian Information

Name of Guardian:		Relationship to child:	
Address:		Email:	
City:		State:	Zip:
Home Phone:		Mobile Phone:	
Do you attend a church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend Calvary Chapel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church (other than Calvary):	

Emergency Contact (other than parent)

Emergency Contact 1:	Phone:	Relationship to child:
Emergency Contact 2:	Phone:	Relationship to child:

Clubber Information

Name of Child #1:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Eat candy: <input type="checkbox"/> yes <input type="checkbox"/> no	Club: <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> Girls T&T (3 rd – 5 th) <input type="checkbox"/> Girls T&T (3 rd – 5 th)
Age:	Grade:	Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Name of Child #2:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Eat candy: <input type="checkbox"/> yes <input type="checkbox"/> no	Club: <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> Girls T&T (3 rd – 5 th) <input type="checkbox"/> Boys T&T (5 ^{3rd} – 5 th)
Age:	Grade:	Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Name of Child #3:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Eat candy: <input type="checkbox"/> yes <input type="checkbox"/> no	Club: <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> Girls T&T (3 rd – 5 th) <input type="checkbox"/> Boys T&T (3 rd – 5 th)
Age:	Grade:	Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Name of Child #4:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Eat candy: <input type="checkbox"/> yes <input type="checkbox"/> no	Club: <input type="checkbox"/> Cubbies (3-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> Girls T&T (3 rd – 5 th) <input type="checkbox"/> Boys T&T (3 rd – 5 th)
Age:	Grade:	Birthday:	
Allergies (state none if none) or Special Information (Medications, activity restrictions):			

Terms and Conditions

1.) I consent to and approve my child/children's taking part in any and all activities conducted by Calvary Chapel AWANA Clubs. 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 consent to the treatment of any minor injuries of my child/children, and release, hold harmless and indemnify AWANA and the Church and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. 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.

2.) I give permission for photo(s) of my child/children to appear among other general club photos in any and all media as long as there is no identifying information published by Calvary Chapel. I hereby waive any causes of action I may have because of the use of my child's photograph.

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

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

