

**Awana Clubber Registration**

**SFBC Awana Club**

**Club Year: 2017-2018**

**- Please Print -**

P. O. Box 358  
Lower Sackville, NS B4C 2T2

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

\* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</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"/>

Please list any of your clubbers special needs, allergies or medical conditions we should know about. Be sure to indicate which clubber it pertains to, if registering more than one child on this registration sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies/Meds/Special Needs \_\_\_\_\_

I am interested in helping: \_\_\_ Weekly \_\_\_ Every other week \_\_\_ Monthly \_\_\_ For Special Events  
Note: All Awana leaders must submit to an Abuse Registry background check before working with the 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, StoneRidge Fellowship Baptist 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 stated above

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date

**Office Use**

Fees:  
Puggles Curr \_\_\_\_\_  
Puggles Uniform \_\_\_\_\_  
Cubbies Reg \_\_\_\_\_  
Cubbies Uniform \_\_\_\_\_  
Cubbies Book \_\_\_\_\_  
Sparks Reg \_\_\_\_\_  
Sparks Uniform \_\_\_\_\_  
Sparks Book \_\_\_\_\_  
T&T Reg \_\_\_\_\_  
T&T Uniform \_\_\_\_\_  
T&T Book \_\_\_\_\_

Total Due \_\_\_\_\_  
Amt Paid \_\_\_\_\_  
Form of Pmt \_\_\_\_\_  
Rec'd by \_\_\_\_\_  
Date \_\_\_\_\_