

# AWANA REGISTRATION FORM

Both sides of the AWANA registration form must be completed, signed and returned by the second visit to AWANA. Dues are 75 cents a week (or \$20 yearly if paid at registration). Please make checks payable to **Grace Church**.

Make additions and corrections where needed and turn into your child's club secretary at registration.

**FAMILY INFORMATION:**

Parent(s)/Guardian(s) Name: (First and Last) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Email: \_\_\_\_\_

(email will be used for notification purposes only)

**EMERGENCY CONTACTS (please specify at least 1)**

1) Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell  Home  Other

2) Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell  Home  Other

3) Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell  Home  Other

**Medical Information**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLUBBER INFORMATION**

Please list all clubbers in your household, their birthdays, grades and allergies or special needs that would assist in a medical emergency:

<u>Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Allergies</u>

**Please complete and sign the back of this form!**

FOR OFFICE USE ONLY: BK PD DT \_\_\_\_\_ UNIFORM SZ \_\_\_\_\_ UNIFORM PD DT \_\_\_\_\_

DUES PD DT \_\_\_\_\_

**Permission form**

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for the AWANA Club year from September 1<sup>st</sup>, 2009 through August 31<sup>st</sup>, 2010.

Signed \_\_\_\_\_

(Circle one: Father Mother Guardian)

Date: \_\_\_\_\_

**FOR CUBBIES ONLY**

Please list the names of the adults who are authorized to pick your child up from AWANA:

\_\_\_\_\_  
\_\_\_\_\_

**PRICE LIST**

**CUBBIES (Ages 3 & 4)**

Dues (75 cents/week)      \$20.00  
Bear Hug Brochure      FREE  
Cubbie Vest      \$10.00  
Celebration Book      \$7.25

**SPARKS (Kindergarten – 2<sup>nd</sup> grade)**

Dues (75 cents/week)      \$20.00  
Flight 3:16 Entrance Book      FREE  
Sparks Vest      \$12.00

**ALL 3<sup>rd</sup>-6<sup>th</sup> Grade Boys and Girls**

Dues (75 cents/week)      \$20.00  
Start zone Entrance Booklet      FREE  
T&T Handbook      \$7.25  
T&T Uniform      \$21.00

(Adult sizes S-XL, Child sizes are \$17.25)

Handbooks:  
1<sup>st</sup> & 2<sup>nd</sup> year      \$8.75  
3<sup>rd</sup> year      \$6.00