

Clubber Registration

Evergreen Baptist Awana

Club Year: 2022-2023

- Please Print -

19010 5th Ave NE
Shoreline, WA 98155

Please complete and sign this form. You may use the back side if you require more space.

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

* 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>Need Book</u>	<u>Need Uniform</u>	<u>Med Alerts</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"/>	_____

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am interested in helping: ___ Weekly ___ Every other week ___ Monthly ___ For Special Events
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

Terms and Conditions

GENERAL • If a participant has a persistent cough, flu or cold symptoms, or has a fever, we ask that they remain home.

EMERGENCY CARE: 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.

PHOTOS: I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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.

Office Use

Fees:

Registration
 Sparks to T&T \$28.00 ea
 Trek & Journey \$30.00 ea

Uniform _____

Total Due _____

Amt Paid _____

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

X _____ Date _____
 Signature of Parent/Guardian