



**Waiokeola Church 2018-19  
Registration Form  
Friday Nights 6:00 – 7:30 pm  
Cost \$75.00**

**Parent/Guardian**

**Name(s):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**Emergency\*:**

**Persons (other than parents) who may pick up the children:**

\_\_\_\_\_

Emergency Contact During Club Time (other than parents)

I can help on: \_\_\_\_ date for ( Oct.) \_\_\_\_ date for (Nov. or Jan.) \_\_\_\_ date for (Feb. or Mar.) \_\_\_\_ (Apr. or May)

With snack on: \_\_\_\_\_

Note: All Awana Club parents are required to volunteer four times in one year.

**Children Information**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

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

Gender: \_\_\_\_ Male \_\_\_\_ Female T-Shirt Size \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female T-Shirt Size \_\_\_\_\_

Club to Attend

Club to Attend

- \_\_\_\_ Cubbies – Preschool
- \_\_\_\_ Sparks – K - 2<sup>nd</sup> Gr
- \_\_\_\_ Truth in Training – 3<sup>rd</sup> -6th Gr.

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Name of School or Home School:

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List Any Food Allergies, Health, or Behavioral Concerns.

\_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

\_\_\_\_\_

**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, Waiokeola Congregational 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3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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.

I have read and agree to the Terms and Conditions:

Signature of Both Parents/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

