

Awana Clubber Registration

OBC Awana Club

Club Year: 2018-2019

- Please Print -

1 Crockett Ave
Onancock, VA 23417

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send text messages, please provide your Cell Phone Carrier's Name here: _____ (e.g. AT&T, Verizon, etc.)

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>	<u>Text?</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>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"/>	_____

If your clubber(s) has any food allergies, medicines, or special needs that we should be aware of please list them below.

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. I also understand that my child needs to wear athletic shoes to participate in 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, Onancock 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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 am aware that the AWANA program does require a yearly discounted fee of \$25 per child, which is due no later than October 21st 2018. Please let us know if money is an issue for your family.

Office Use

Fees:

Dues _____

Total Due \$25/child

Amt Paid _____

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

X _____
Signature of Parent/Guardian Date