

Awana Clubber Registration

Branford Awana

Club Year: 2011-2012

- Please Print -

PO Box 853
Branford, FL 32008

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	E-Mail: _____	_____
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"/>

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist 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

- 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, First 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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.
- 5) PUGGLES specific only: As a parent or legal guardian of a child in Puggles, I (or my spouse), will be on FBC campus at all times during club night. I will make known of my whereabouts to the Puggles leaders.

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

X _____
 Signature of Parent/Guardian Date

Office Use

Dues: per week \$50
 annually \$17

Clubber Handbooks:
 Cubbies - \$8
 Sparks - \$9
 T&T - \$8

Clubber Uniforms*:
 Puggles - \$9
 Cubbies - \$10
 Sparks - \$10
 T&T - \$13
 T&T-5th \$14

Adv. Monies Paid _____
 Refer to our Club Handbook for information and schedules.