

Awana Clubber Registration

FBS Awana Club

2400 Main Street East
Snellville, GA 30078

Club Year: 2010-2011

- Please Print -

<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 Name (First, Middle, Last)</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 ___ Quarterly ___ For Special Events
 Note: All Awana staff must submit to a background check before working with the children. Leaders pay 1/2 price for their 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 Snellville and any persons involved in the Awana 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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 for church purposes only, including but not limited to, general club pictures, in-house presentations, church web sites, brochures and newsletters.
- 4) I grant permission for my child to travel to/from Awana Club events with an adult leader (i.e., Awana Games, Sparks-A-Rama, Bible Quiz). Any such event will be clearly communicated with me beforehand.
- 5) All preschool parents (2 yrs old - Kindergarten) are required to stay on campus. _____ Initials

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

X _____
 Signature of Parent/Guardian Date

Office Use

2010-2011 Registration Fees:
 Puggles: \$15.00 Cubbies: \$25.00
 Sparks: \$30.00 T & T: \$35.00
 Family Maximum: \$60.00

New Uniform -\$10.00
 Replacement Uniform-\$15.00

*Covers partial cost of uniform, handbook, awards, refreshments, etc.

**Payment plan? 1/2 now, 1/2 Jan

*** Need info on scholarships____

Total Due _____ Amt Paid _____
 Date Paid _____ Cash/Chk# _____
 Date entered in AW _____