

Awana Club Registration Form

CotF Awana Club
 2380 Merrychase Drive
 Cameron Park, CA 95682

Club Year: 2007-2008

- 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: _____	_____
Family 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>Clubber</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Insurance Co and Policy #</u>	<u>Medical (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

I/We, the undersigned, understand that the Awana program at Church of the Foothills will include, but not be limited to the following activities: council time, handbook time, music, snacks and games. This form authorizes an adult supervisor designated by Church of the Foothills to provide basic first aid to the above student(s) in the event of injury or illness. In the event of any injury or illness, the student may be taken to a nearby hospital or clinic for treatment if necessary.

In case we cannot be reached during an emergency, I (we) the undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for his/her safety and care.

I also agree not to hold Church of the Foothills' staff, directors, or its advisors responsible nor liable in any way for accidents or injuries that my child may incur while on an outing away from Church of the Foothills or at an event on the grounds of the church. I also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct on all such activities.

This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

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

X _____
 Signature of Parent/Guardian Date

Office Use	_____
Fees:	
Dues	_____
Book	_____
Uniform	_____
Book Bag	_____

Total	_____
Paid	_____

