

Awana Clubber Registration

Emmaus Bible Church Awana Club

Club Year: 2018-2019

- Please Print -

P.O. Box 815
West Bend, WI 53095

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</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>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>Insurance Co and Policy #</u>	<u>Last Td Shot</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time or off site events. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Emmaus Bible Church and any persons involved in the Awana Club ministry.
- 2) In the event of a medical emergency for the above named child/children, I understand every effort will be made to contact me. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure emergency medical services 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 understand that I am responsible to bring my child/children into the building at the beginning of club and pick them up at the end of club. I also understand that my child/children must be properly checked-in and checked-out.
- 4) I understand that my child(ren)'s picture may appear at AWANA Club, in the Approved Workman Database and on the Emmaus Bible Church website.
- 5) I grant permission for my child/children to travel to/from Awana Club events.

I have read and agree to the Terms and Conditions stated above
 X _____
 Signature of Parent/Guardian Date

Office Use	
Fees Per Child:	
Book _____	\$11.25
Trek Bk _____	\$11.25
Jrny Bk _____	\$11.75/20.75
Vest _____	\$12.75
Uniform _____	\$18.75
Bk Bag _____	\$ 7.50
T&T Bag _____	\$10.25

Dues _____	\$22.00/year
(3 Dues maximum/family)	
Total Due _____	
Amount Paid _____	
Cash / Check# _____	
Date Paid _____	