

Club Year: 2019 - 2020

-Please Print-

<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: _____	_____	_____
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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Medical Section
If there are any FOOD ALLERGIES OR OTHER ALLERGIES, ANY MEDICATIONS OR SPECIAL NEEDS that we should be aware of, please list below in the space with child's name.

Office Use
Circle One Option:
-One Time Guest
-Returning Clubber
-New Registration

I AM INTERESTED IN HELPING: _____ Weekly _____ Every other week _____ For Special Events _____
Name of Interested Person: _____ Are you an Approved Volunteer? _____

Note: All Awana Club leaders and helpers must complete a Tri-County Bible Church background check before working with the children.

Terms and Conditions

- PLEASE READ CAREFULLY
- 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, Tri-County Bible Church and any persons involved in the Awana Club ministry.
 - I grant permission for photos to be taken during regular club meetings, during club events and at special programs. These photos may be used during club promotional material and/or displayed on the church bulletin boards or used in a year-end slide show.
 - 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.

NOTE – SIGNING THIS DOCUMENT INDICATES...
In the event of an emergency that requires medical treatment for the above named child/children, every attempt will be made to contact a parent. If you cannot be reached please acknowledge and sign below....

I hereby authorize Tri-County Bible Church to seek medical attention for my child/children in case of emergency.
I have read and agree to the Terms and Conditions stated above.

X _____
Signature of Parent/Guardian Date