

Awana Clubber Registration

Northside Bible Chapel Awana

Club Year: 2017-2018

- Please Print -

8 Gunn St.
Barrie, ON L4M 2H3

<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>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"/>

Please describe any medical conditions/situations that we should be aware of.

I am interested in helping in the Awana program as a Leader _____ as a listener only _____ and am able to attend every week.
 Note: All Awana Club leaders and listeners must complete our Plan To Protect form and have a current Police check before working with the children.
 Age preference, or area interested in helping with: _____

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, Northside Bible Chapel 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 on our Awana webpage or to appear among other general club photos or literature as long as there is no identifying information shown.
- 4) Sometimes candy is used as a reward or incentive. Please inform the club director if you DO NOT want your child to receive the candy.

Office Use

Fees:

Dues _____

Book _____

Uniform _____

Total Due _____

Amt Paid _____

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

X _____
 Signature of Parent/Guardian Date