

Awana Clubber Registration

Club Year: 2011-2012

- Please Print -

BFC Awana Club

103 2nd Street S.W.
Bondurant, IA 50035

<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 First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>Other</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's Name</u>	<u>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

- 1) I understand that my child(ren) 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, Federated Church of Bondurant 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(ren), 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(ren) to appear in a club directory to be used by Awana Leaders. I also give permission for photo(s) of my child(ren) to appear among other general club photos that will be published within the Federated Church building (i.e bulletin boards).
- 4) I grant permission for photo(s) of my child(ren) to be published on Federated Church's website. Names will not be published with the photos unless prior permission from the undersigned is obtained.
 _____ Check here to opt out and thereby do NOT grant permission for website publication of photos
- 5) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be communicated with me beforehand.

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

Office Use

Fees: _____

Registration _____

Offering _____

Uniform _____

Total _____

Paid _____