

Computer Entry Completed

**Circle One:** Cubbies A (3 yr olds) / Cubbies B / Cubbies C (4 yr olds)  
Sparks (K - 2nd Gr) / T&T A (3rd & 4th Gr) / T&T B (5th & 6th Gr)



# 2016-2017 AWANA Registration Form

Fee Paid: Check No. \_\_\_\_\_ Cash  Amt. \_\_\_\_\_

Scholarship:  Full  Partial / Amt \_\_\_\_\_

Please Print

Name of Child	Age	Birthday
Address of Child	Boy or Girl	Grade
City	Home Phone	Cell Phone
Name of Parent/Guardian	Child's Vest / T-Shirt Size / Adult T-Shirt Size	
E-mail Address	Emergency Contact Name / Number	
Sunday Night Location: Worship Center <input type="checkbox"/> Classroom / Childcare <input type="checkbox"/> Room No. _____ A Parent OR Guardian MUST REMAIN ON CAMPUS during Awana club meetings	Office Use: T Shirt or Club Vest Received	
Are you a member of a local church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Leader Club Shirt Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Church	Size Needed: AS AM AL AXL A2XL A3XL	

## AWANA Service Ministry

AWANA is a volunteer-supported ministry. Participating parents may be needed to serve in some capacity. Parents who are members can serve by listening to verses, provide snacks or "filling-in" other areas as needed. *Parents who are not members may provide "snacks only."* Understanding this, I would be willing to:

- ...serve the first Sunday of each month.
- ...serve the second Sunday of each month.
- ...serve the third Sunday of each month.
- ...serve the fourth Sunday of each month.
- ...be placed on the week/month where I am most needed.

*If you are serving once a month or "as needed," you will receive an email or text indicating the week that you volunteered.*

**Understanding that there is a need for parental-involvement in the AWANA Club, I acknowledge my willingness to assist/volunteer in the AWANA ministry this year as needed.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 2016 - 2017 AWANA Medical Release Form

**To Whom It May Concern:** As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also release Ninth and O Baptist Church, other organizations and individuals involved, of any liability for any accident incurred during the 2016-2017 AWANA Clubs activities.

This release is intended to be used during the entire year, August 2016 through May 2017. This includes both club meetings and outings (e.g., AWANA Games, Grand Prix, Missions events, Field Trips, etc.). This release form is completed and signed of my own will and with the sole purpose of authorizing medical treatment under emergency in my absence.

Minor's Name	Parent or Guardian (Please Print)
Date	Signature
Specific medical allergies, chronic illness, or other conditions	
Name of Other Contact in case of Emergency	Other Emergency Contact Phone Number