

**Awana Clubber Registration**

**ARBC Awana Club**

4554 Annistown Rd  
Snellville, GA 30039

**Club Year:** .2010

**- Please Print -**

<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 Name (First, Middle, Last)</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>	<u>Size</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 Name</u>	<u>Allergies</u>	<u>Special Needs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am interested in helping:  Leader  Director  Secretary  Games  Listener  Admin  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 all staff and volunteers of Annistown Road Baptist Church and the Awana Clubs 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 staff and volunteers of Annistown Road Baptist Church 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photos of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from Awana Club events with approved Awana leaders. Any such event will be clearly communicated with me beforehand.
- (5) I grant permission for my child/ren to be released to the person(s) listed above and understand that my child/children will be held until a parent is notified should an unauthorized person attempt to pick them up.

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

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

**Office Use**

Registration Fees: \_\_\_\_\_  
\$10/child, max \$20/family

Dues: \_\_\_\_\_  
Refer to Clubber Dues Worksheet  
(maximum of \$50/family)

Total Due \_\_\_\_\_

Amt Paid \_\_\_\_\_

\_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_