

Awana Clubber Registration

EMBC Awana Club

4917 Milwaukee Street
Madison, WI 53714

Club Year: 2011-2012

- 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 First and Last Name</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>
_____	_____	_____	_____	_____	_____	<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>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Insurance Co and Policy #</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 East Madison Baptist Church 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/ren's well-being. I assume responsibility for all costs connected to any accident or treatment of my child/ren.
- 3) I grant permission for a photo of my child/ren to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child/ren to appear among other general club photos including those on the EMBC website as long as there is no identifying information shown.
- 4) I grant permission for my child/ren to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

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

X _____
 Signature of Parent/Guardian Date

Office Use

Dues Per Clubber:
 ___ @ \$15 / year
 (\$45 max. per family)

Cubbies Vest: ___ @ \$10
 Sparks Vest: ___ @ \$10
 T&T Ult. Adv. Shirt: ___ @ \$15
 T&T Ult. Chall. Shirt: ___ @ \$20

All Handbooks: ___ @ \$10

Total Due \$ _____
 Amount Paid \$ _____

Please make checks payable to:
 East Madison Baptist Church