

MARKHAM BIBLE CHAPEL AWANA CLUBBER REGISTRATION FORM

FAMILY LAST NAME: _____

CHILD'S FIRST NAME: _____

PARENT(S) FIRST NAMES: DAD _____ MOM _____

HOME ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

HOME PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

CHILD'S BIRTHDATE: Month _____, Day _____, Year _____

CHILD'S OHIP NUMBER: _____

KNOWN ALLERGIES: _____

EMAIL ADDRESS: _____

AWANA AGE GROUP (check one)

- CUBBIES – Ages 3 to JK
 SPARKS – Grades SK to Gr. 2
 T & T – Grades 3 to 6

REGISTRATION FEE \$15.00 ATTACHED: YES NO

I/we, the parents or guardians consent to our/my child (registered herein) participating in the full Markham Bible Chapel AWANA program. Recognizing that the use of the facilities at Markham Bible Chapel is at the risk of the registrant, and understanding that precautions will be taken to prevent injury or harm, that should an accident occur, I/we undertake and agree to indemnify and hold blameless Markham Bible Chapel, its leaders, directors, and volunteer workers from and against any loss, damage or injury suffered by the participant. Should I/we, the parents or guardians, be unavailable/unreachable, we hereby authorize the directors of MBC AWANA to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the registrant named herein. I/we give permission for MBC AWANA to use photos of my/our child taken at camp for promotional purposes. (We do not identify individuals, rather simply attempt to represent youth involvement in our programs).

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please fill out, scan and email back to AWANA@MARKHAMBIBLECHAPEL.ORG or bring with you to the AWANA Registration Night on September 20th, 2011, 6 to 7:30 pm at Markham Bible Chapel, 50 Cairns Dr, Markham, ON L3P-6G9, Tel: 905-294-7369