

Awana Clubber Registration

Cornerstone EFC Awana Club

Club Year: 2017-2018

- Please Print -

4100 Casper Mountain Rd.
Casper, WY 82601

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	E-Mail: _____	_____
City: _____ State: _____ Zip: _____	Home Phone: _____	_____
Home Church: _____	Work Phone: _____	_____
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>Handbook Needed</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"/>

Please list any children that have food allergies and list the foods to which they are allergic:

Terms and Conditions

- 1) I understand that my child/children 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, Cornerstone Evangelical Free 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/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 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 have checked and verified that the above information is correct to the best of my knowledge.

Office Use

Books:
 Cubbies-Trek _____ @ \$11
 Journey _____ @ \$15

Uniforms:
 Vest _____ @ \$13
 T&T UA _____ @ \$16
 T&T UC _____ @ \$17
 LIT _____ @ \$15
 Leader _____ @ \$23/\$28

Total Due _____

Amt Paid _____

Form of Payment _____

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

X _____
 Signature of Parent/Guardian Date