



Registration Form

2017-18 Club Year – September 7, 2017 to May 10, 2018

Child's Name: _____

Parent/Guardian name(s): _____

Parent/Guardian primary phone: _____

Secondary phone: _____

Mailing address: _____

Home e-mail address: _____

Child's Birth Date: ____ / ____ / _____ Grade: _____

Family Physician: _____ Physician's Phone Number: _____

Gender: male female Uniform size: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian cannot be reached) the church should contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies, medical or other special conditions AWANA should be aware of:

Other individuals that may be responsible for picking up this child at the end of the AWANA club night:

Name: _____

Telephone: _____

Relationship to child: _____



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Medical and Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Parent/Guardian Signature: _____

Yearly Dues:

- \$20.00 - 1 child
- \$35.00 – 2 children (same family)
- \$50.00 – 3+ children (same family)

Handbooks:

\$12.00 each

Uniforms:

\$15.00 each

Bags:

\$8.00 each

Location & Mailing Address:

Littlerock Community Fellowship
11510 Littlerock Road SW
PO Box 221
Littlerock, WA 98556

Church Website:

www.LittlerockCommunityFellowship.org

Church Phone:

(360) 753-7341

Scholarships are available for families where cost is an issue. Please call (360-459-4237) or email Awana@littlerockcf.org to find out more information about scholarships.