

**Awana Clubber Registration**

**Zion Church Awana Club**

Club Year: 2016

- Please Print -

P. O. Box 41  
Kurten, TX 77862

Parent/Guardian	Number / E-mail address	Contact Person
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)

Child's First and Last Name	Nickname	Birth Date	Gender	Grade	School	Need Book	Need Uniform
_____	_____	_____	_____	_____	_____	<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"/>

Child	Doctor Name and Phone	Dentist Name and Phone	Allergies / Meds / Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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/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, Zion Church of Kurten 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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 photo(s) 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 an adult leader. Any such event will be clearly communicated with me beforehand.

**Office Use**

ANNUAL REGISTRATION FEE:  
 \$20 1st Child  
 \$35 for 2 children  
 \$10 per each additional child

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

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

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

Cash \_\_\_\_\_

Scholarship \_\_\_\_\_

Date Paid: \_\_\_\_\_

Make check payable to:

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

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



## PERMISSION TO RELEASE

I, \_\_\_\_\_ give Zion Church of Kurten  
permission to release my child/children \_\_\_\_\_

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### *to the following people.*

1. Name:

Address:

Relationship to child/children:

Home Phone:

Cell Phone:

2. Name:

Relationship to child/children:

Address:

Home Phone:

Cell Phone:

3. Name:

Relationship to child/children:

Address:

Home Phone:

Cell Phone:

4. Name:

Relationship to child/children:

Address:

Home Phone:

Cell Phone:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

