

Central Kids Wednesday Registration 2017-2018

CBC Kids

4001 Indian Hills Dr
Sioux City, IA 51108

General Information - Please Print

Parent/Guardian Full Names _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Main Contact Name _____

Cell Phone _____ email _____

Secondary Contact Name _____

Cell Phone _____ email _____

Emergency Contact Name _____ Phone _____

Others authorized to pick up your children (must be 16+ yrs old):

First & Last Names of Children

Birthdate

Gender

Grade

1. _____	_____	___ M ___ F	_____
2. _____	_____	___ M ___ F	_____
3. _____	_____	___ M ___ F	_____
4. _____	_____	___ M ___ F	_____
5. _____	_____	___ M ___ F	_____

Medical Information - Please Print

Primary Physician Name _____ City _____ Phone _____

Dentist Name _____ City _____ Phone _____

Allergies, meds, special needs: _____

Terms and Conditions

1) I understand that my child/children may participate in physical activities such as those help 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, Central Baptist Church and any persons involved in the Central Kids 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 permission to the Central Kids 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 to Central Baptist Church to use the likeness of my child without identifying information in any video, electronic (web) promotional, or educational materials as they see fit.

4) I grant permission for my child to travel to/from Central Kids 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 Only

Registration _____

Handbook Card _____

Info to Office _____

**CENTRAL BAPTIST CHURCH
2017-2018 AWANA FEES
DUES**

PER CHILD	\$ 10 X _____ = _____	(\$30 MAX PER FAMILY)
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HANDBOOKS NEEDED

<p style="text-align: center;">SPARKS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>HANGGLIDER _____</td></tr> <tr><td>WINGRUNNER _____</td></tr> <tr><td>SKYSTORMER _____</td></tr> </table>	HANGGLIDER _____	WINGRUNNER _____	SKYSTORMER _____	<p style="text-align: center;">CUBBIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>APPLESEED _____</td></tr> </table>	APPLESEED _____
HANGGLIDER _____					
WINGRUNNER _____					
SKYSTORMER _____					
APPLESEED _____					
HANDBOOKS	\$ 11 X _____ = _____	(\$33 MAX PER FAMILY)			

UNIFORMS

SIZE

	UNIFORMS	SIZE
CUBBIES VEST	\$ 11 X _____ = _____	_____
SPARKS VEST	\$ 11 X _____ = _____	_____

EXTRAS

SPARKS HANDBOOK BAG	\$ 6 X _____ = _____	
CUBBIES HANDBOOK BAG	\$ 7 X _____ = _____	

TOTAL = _____

PAID \$ _____	Cash/Check # _____
DATE _____	INITIALS _____