

**COASTLINE AWANA**  
**REGISTRATION INFORMATION**

Dear Parents:

Registration forms for next fall are attached to this letter. Please fill out one registration form and one order form for each child. Then return the forms, along with your check payable to Coastline Church, to the Coastline Office. If you wish to mail your forms, here is the address:

Coastline Church  
Attn: Awana Registration  
2215 Calle Barcelona  
Carlsbad, CA 92009

**FEES**

\$50 for the first Sparkie or T&T clubber in a family;  
\$35 for each additional Sparkie or T&T clubber in a family;  
\$35 for each Cubbie (Parent must volunteer at least two times per month.)

**SUPPLIES**

Please note that the order forms are Club specific. All books are \$12. Cubbie and Sparkie vests are \$12, and T&T T-shirts are \$18.

**AWANA DREAM TEAM**

An Awana Dream Team Application is also attached. Please prayerfully consider whether the Lord might have you help us out in the coming year. The primary responsibility of a leader is to listen to memorized verses and chart the clubber's progress and supervise the clubbers during games and council time. T&T leaders will also facilitate a small group experience using discussion questions provided by the program. Other positions include Cubbie Director, Sparky Director and game leaders. Please let us know if you are interested in any of these areas of the club. The director positions do not involve having to teach a lesson. The main responsibility is to keep the evening flowing from one activity to the next and handing out awards at the end of the evening. There is some administrative responsibilities such as forming the groups at the beginning of the year and then keeping track of attendance.

It is impossible to have an Awana Club without parent involvement. We strive to have at least a 5-to-1 clubber/leader ratio. While it is preferred that leaders come to every meeting, it is possible to share a position with another leader if you can only commit to twice a month.

If you have any questions about serving or about the registration process, please feel free to call me at (760) 504-1829 or send me an e-mail at [vikki@coastlinechurch.org](mailto:vikki@coastlinechurch.org).

We consider it a privilege to share in your child's spiritual growth!!

Vikki Brown  
Coastline Awana Director

# Awana Registration/Information Form

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

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade \_\_\_\_\_ School Child Attends \_\_\_\_\_

Church that you regularly attend and/or are a member of:

Coastline Other - \_\_\_\_\_ None

Have you been an Awana Club Member? \_\_\_\_\_ If yes, Where \_\_\_\_\_  
Yes or No

Last Level or Handbook Completed? \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_

(If Different from child) Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_

(If Different from child) Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

● List other people authorized to pick up your child from activities sponsored by Coastline Church..

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you on last year's wait list? \_\_\_\_\_

*(continue on reverse)*

ANNUAL UPDATES \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

**#1 Medical Information and Release (Please fill out COMPLETELY!)**

Minor's Health History: (Check all those that apply)

<b>Allergies</b>		<b>Major Problems</b>		<b>My Child Has NO Food Allergies</b> _____
<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Challenges		(PARENT INITIALS)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Emotional Challenges	<b>MY CHILD HAS THESE FOOD ALLERGIES:</b>	
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Mental Challenges		
<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Seizure Disorder		
<input type="checkbox"/> Other	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other		

Please give details for all items checked \_\_\_\_\_

Any Medication Being Taken \_\_\_\_\_ Reaction \_\_\_\_\_ Activity Restriction \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_  
 I hereby waive all claims which I might have against Coastline, their agents and employees for injury, accident, illness, or death occurring during or by reason of the following Coastline-related event, activity, or trip: Any and all children's ministry related events.

I (We) (Parent) (Guardian) of the minor child named above do hereby authorize Coastline as agents for the undersigned to consent to any X-RAY examination, anesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but it is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

In consideration of and the benefit to be derived by the undersigned here from, undersigned individually and or as a parent or guardian, for himself and/or themselves, his and/or their heirs, executors, administrators, and assigns hereby release and forever discharge Coastline Community Church, their officers, employees, servants, agents and all persons connected with the above mentioned of and from all rights, claims, demands, and actions that may now or hereafter have, for any loss, damage, or injury sustained by the undersigned before, during or after church-related events, activities, or trips.

Parent/guardian acknowledges that they have their own medical insurance and release Coastline Community Church from all medical liability.

**#2 General Liability Release for Trips**

Coastline Community Church is a nonprofit Christian corporation located in Carlsbad, CA. Any minors who accompany Coastline Community Church on a ministry trip or other church-related trip do so only with full and expressed permission of minor's legal parent/guardian. We are glad to act as a host organization while on a trip suggesting activities and assisting in transportation. We do, however, require that you sign the following agreement for each minor child accompanying Coastline Community Church on this trip.

In consideration of the services extended by Coastline Community Church, the parent/guardian of the minor volunteer / traveler fully and finally releases and discharges against Coastline Community Church, its representatives, agents, employees or any of them, all actions, claims and demands whatsoever which the parent/guardian of the minor volunteer / traveler may have or which may here-after accrue in favor of any of the parent/guardian of the minor volunteer / traveler (including but not limited to all injuries to the person or property of the minor volunteer / traveler or the parent/guardian of the minor volunteer / traveler) however arising out of any matters, incidents, acts, equipment and /or circumstances, which them or any of them might otherwise now or hereafter have or sustain, upon any theory of liability whatsoever or howsoever claimed unless such liability arises as the result of the intentional or willful misconduct of Coastline Community Church or their employees or representatives, or any other persons or organization acting within the scope of their employment or relation to Coastline Community Church. The parent/guardian of the minor volunteer / traveler agrees to save and hold harmless and to fully and completely indemnify Coastline Community Church, its officers, employees and representatives against any and all claims, suits and/or judgments related to any of the matters as to which they or any of them are herein above released as well as against all claims, suits, damages, and/or judgments arising out of the acts or conduct of the volunteer / traveler and/or volunteer / traveler's representatives, and against all loss, damage, liability, expense or costs by reason or on account of any such claim, suit or judgment. This release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during the volunteer / traveler's participation on the trip from any cause whatsoever, as aforesaid, and parent/guardian of the minor VOLUNTEER / TRAVELER INDIVIDUALLY AND ON BEHALF OF ALL OF HIS AFORESAID REPRESENTATIVES, HEIRS, DEVISEES, LEGATEES AND DEPENDENTS EXPRESSLY WAIVES THE PROVISIONS OF SECTION 1542 OF THE CIVIL CODE OF THE STATE OF CALIFORNIA AND ANY SIMILAR PROVISIONS OF THE LAWS OF ANY OTHER JURISDICTION, WHICH SAID CODE SECTION READS AS FOLLOWS:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

**#3 Parent/Guardian Permission and Responsibility**

I, being the legal parent/guardian of the aforesaid minor child, expressly give my permission for aforesaid minor child to participate in the above listed event, activity, or trip, including all transport involved during all dates listed above. I understand that in the event that my child behaves in a manner deemed unacceptable by the adult leader, I will immediately pick up my child at my own expense, or make arrangements for immediate pick-up of my child at my own expense.

For the child listed above, I give permission that any photos or video taken of my child or anything they write may be used for future printing and publication for promotional purposes, which include, but are not limited to, in-house presentations, church web-sites, brochures and newsletters.

I understand that this permission slip covers all Coastline related children's ministry events. This permission slip may also be updated by my initials below.

I HAVE PROVIDED ALL INFORMATION REQUESTED ABOVE TO THE BEST OF MY KNOWLEDGE AND ABILITY. ADDITIONALLY, I HAVE READ THE ABOVE RELEASE AND DISCLAIMER AND UNDERSTAND ITS PROVISIONS.

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

ANNUAL UPDATES \_\_\_\_\_  
 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

**CUBBIES ORDER FORM**

**(MUST BE TWO YEARS BEFORE KINDERGARTEN ENTRANCE)**

**Clubber's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Year Entering Kindergarten:** \_\_\_\_\_

**Required:**

**Book**                      **\$12.00**                      **\$ 12.00**

**Vest (if new this year)** **\$12.00**

\_\_\_\_\_

**Optional:**

**Book Bag**                      **\$ 7.00**

\_\_\_\_\_

**Music CD**                      **\$11.00**

\_\_\_\_\_

**Sub-Total:**                      **\$** \_\_\_\_\_

**Registration Fee:**                      **\$ 35.00**

**TOTAL:**                      **\$** \_\_\_\_\_

**SPARKS ORDER FORM**  
**(KINDERGARTEN THROUGH SECOND GRADE)**

**Clubber's Name:** \_\_\_\_\_

**Grade in the Fall:** \_\_\_\_\_

**Required:**

**Book**                      **\$12.00**                      \$ \_\_\_\_\_

**Check One:**

**HangGlider** \_\_\_\_\_

**WingRunner** \_\_\_\_\_

**SkyStormer** \_\_\_\_\_

**(Books must be accomplished in order. If Clubber is new to Awana, he/she will start with HangGlider regardless of grade in school.)**

**Vest (If new this year) \$12.00**                      \$ \_\_\_\_\_

**Optional:**

**Book Bag**                      **\$ 7.00**                      \_\_\_\_\_

**Music CD**                      **\$11.00**                      \_\_\_\_\_

**Sub-Total:**                      \$ \_\_\_\_\_

**Registration Fee:**                      \$ \_\_\_\_\_

**TOTAL:**                      \$ \_\_\_\_\_

**T&T ORDER FORM**  
**(THIRD THROUGH SIXTH GRADE)**

**Clubber's Name:** \_\_\_\_\_

**Grade in the Fall:** \_\_\_\_\_

**Required:**

**Book**                                  **\$12.00**                                  **\$** \_\_\_\_\_

**T-Shirt**                                  **\$18.00**                                  **\$** \_\_\_\_\_

**Third/Fourth Graders wear a green shirt.**  
**Fifth/Sixth Graders wear a blue shirt.**

**Size: Youth Medium** \_\_\_\_\_

**Youth Large** \_\_\_\_\_

**Optional:**

**Book Bag**                                  **\$ 10.00**                                  **\$** \_\_\_\_\_

**Sub-Total:**                                  **\$** \_\_\_\_\_

**Registration Fee:**                                  **\$** \_\_\_\_\_

**TOTAL:**                                  **\$** \_\_\_\_\_

**COASTLINE AWANA  
VOLUNTEER APPLICATION**

This application is to be completed by all those desiring any position involving the supervision or custody of minors (under 18 years of age). This application is being used to help the church provide a safe and secure environment for those children and youth who participate in Coastline's Awana Program and use the church facilities. The information contained in the application will be kept strictly confidential.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Have you received Christ as your Savior? \_\_\_\_\_ When? \_\_\_\_\_

Give a brief description of your salvation and on what you base that salvation.

Church you attend regularly \_\_\_\_\_ How long? \_\_\_\_\_

List any gifts, training, education, experience, or other factors that have prepared you for work with children or youth.

Have you been arrested or convicted for use or distribution of illegal drugs? \_\_\_\_\_

Have you been hospitalized or treated for alcohol or other substance abuse? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any sexually related crime? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any abuse related actions? \_\_\_\_\_

Have you ever been arrested for any reason? \_\_\_\_\_

The information in this application is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Applicant's signature

## Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least 5 years after requesting a background check)

I, the undersigned applicant (also known as "consumer"), authorize Coastline through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigate consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil/history records; and the state sex offenders records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my Request to Coastline if such is made within a reasonable time from the date it was produced. I Also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

### Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name:

\_\_\_\_\_

First

Middle

Last

Other Names Used (alias, maiden, nickname):

\_\_\_\_\_

Current Address:

\_\_\_\_\_

Dates

Street/PO Box

City

State

Zip

Former Address:

\_\_\_\_\_

Dates

Street/PO Box

City

State

Zip

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_