

# AWANA REGISTRATION FORM (2016-2017)

Child's/Children's Names	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

2 Phone #s during club time: \_\_\_\_\_ / \_\_\_\_\_

Church Home: \_\_\_\_\_ Brought By: \_\_\_\_\_

Any physical limitations, \_\_\_\_\_ May we use your child's picture in **Y** **N**  
 Allergies or medications? \_\_\_\_\_ the paper or on our AWANA web site?

**\*\*Adult(s) Authorized to pick up child:** \_\_\_\_\_

Please sign the **PARENT HANDBOOK ACKNOWLEDGMENT** below.  
*I have read and understand the Parent handbook material for AWANA at FBC Beebe.*

Parent / Guardian: \_\_\_\_\_ (Signed) Date: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ (Printed)

## PRICE LIST

**PUGGLES** (2 - 3 yr olds)

T-Shirt: \$10.00 x \_\_\_ = \_\_\_\_\_  
 2T 3T 4T 5T 6T

**SUBTOTAL: \$** \_\_\_\_\_

**CUBBIES** (4yrs - PreK)

Vest: \$11.00 x \_\_\_ = \_\_\_\_\_  
 4 5 6 8 10

Book Bag (opt.): \$7.00 x \_\_\_ = \_\_\_\_\_

**SUBTOTAL: \$** \_\_\_\_\_

**SPARKS** (K - 2<sup>nd</sup> grade)

Vest: \$11.00 x \_\_\_ = \_\_\_\_\_  
 S M L XL XXL

Book Bag (opt.): \$6.00 x \_\_\_ = \_\_\_\_\_

**SUBTOTAL: \$** \_\_\_\_\_

**T & T** (3<sup>rd</sup> - 6<sup>th</sup> grade)

Uniform for 3<sup>rd</sup> - 4<sup>th</sup>: \$16.00 x \_\_\_ = \_\_\_\_\_  
 10 12 14 AS AM AL AX

Uniform for 5<sup>th</sup> & 6<sup>th</sup>: \$16.00 x \_\_\_ = \_\_\_\_\_  
 YM YL AS AM AL AX

**OPTIONAL items:**

Awana Drawstring Bag (blue): \$5.50 x \_\_\_ = \_\_\_\_\_

**SUBTOTAL: \$** \_\_\_\_\_

**# Children**

Dues Pd Sem: (\$8.50) x \_\_\_ = \$ \_\_\_\_\_

Dues Pd Year: (\$17.00) x \_\_\_ = \$ \_\_\_\_\_

Can you sponsor a clubber? Donations/Sponsor \$ \_\_\_\_\_

**Plus other subtotal** + \_\_\_\_\_

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

\*NOTE: 1<sup>st</sup> copy of each book provided by the church; any replacement copies will be \$10.00 each.  
 Scholarships are available upon request **AND completion of registration forms.**

Please indicate below.

DATE PAID: \_\_\_\_\_ Cash

TOTAL PAID: \_\_\_\_\_ **CK#** \_\_\_\_\_

# First Baptist Church

P.O. Box 67 • Beebe, AR 72012 • (501)882-3342

## Liability Release

### RELEASE OF ALL CLAIMS

We, the undersigned parent(s) or legal guardian(s) for \_\_\_\_\_,

(Child/Children)

do hereby release, forever discharge and agree to hold harmless *1<sup>st</sup> Baptist Church* and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as

property damage and expenses of any nature whatsoever which may be incurred by my child in the course

of participation in *the AWANA program* for the club year of \_\_\_\_\_

(Activity)

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable).

We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

Print Child's Name

\_\_\_\_\_

Father's Signature

Date

\_\_\_\_\_

Mother's Signature

Date

\_\_\_\_\_

Legal Guardian's Signature

Date

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Policy Holder and Number

Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.

\_\_\_\_\_

Notary

Date

\_\_\_\_\_

Physician's Name and Phone

\_\_\_\_\_

Emergency Contact and Number

\_\_\_\_\_

Noncustodial Parent and Number

\_\_\_\_\_

Y N  
Contact?