

Awana Club Registration Form

LBC Awana Club
 15320 W 87th St Pkwy
 Lenexa, KS 66219

Club Year: 2009-2010

-Please Print-

| | | |
|--|-----------------------------|-----------------------|
| <u>Parent/Guardian</u> | <u>Number/Email address</u> | <u>Contact Person</u> |
| Name(s): _____ | Home Phone: _____ | _____ |
| Address: _____ | Work Phone: _____ | _____ |
| City: _____ State: ___ Zip: _____ | Cell Phone: _____ | _____ |
| Family Church: _____ | Email: _____ | _____ |
| Persons (other than parents) authorized to pick up the children: _____ | | |
| _____ Emergency*: _____ | | |

*Emergency Contact During Club Time (other than parents)

| <u>Child's Name (First, Middle, Last)</u> | <u>Nickname</u> | <u>Birth Date</u> | <u>Gender</u> | <u>Grade</u> | <u>School</u> | <u>Need Book</u> | <u>Need Uniform</u> | <u>Size</u> |
|---|-----------------|-------------------|---------------|--------------|---------------|--------------------------|--------------------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ | <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"/> | _____ |

Please write on the back of the page any awards already earned.

| | | | |
|----------------|------------------------------|-------------------------------|---|
| <u>Clubber</u> | <u>Doctor Name and Phone</u> | <u>Dentist Name and Phone</u> | <u>Medical (allergies, meds, special needs)</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I am interested in helping: _____ Weekly _____ Every other week _____ 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, Lenexa Baptist Church 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 photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

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

X _____
 Signature of Parent/Guardian Date

| Office Use | | |
|----------------------------------|-------|-------|
| Fees: | Qty. | Total |
| Dues | _____ | _____ |
| \$25 per Clubber | | |
| Handbook | _____ | _____ |
| \$10 each | | |
| Uniform | _____ | _____ |
| \$10 each | | |
| Bags \$10 | _____ | _____ |
| Cubbies – req. Sparks, T&T –opt. | | |
| Total | | |
| Cash | Date | Ck# |
| _____ | _____ | _____ |