

Awana Club Registration Form

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

Club Year: 2010-2011

-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</u>	<u>Need</u>	<u>Size</u>
						<u>Book</u>	<u>Uniform</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#
_____	_____	_____