



2017 - 18 Registration

Club Age Groups

- Nursery (Bible Study)
- Cubbies (3 & 4 yr olds)
- Sparks (K5-2nd grade)
- T&T- (3rd - 6th grade)

Meet at Calvary Bible Church from 6:00- 7:30pm every Wednesday

Family Last Name:

Mailing Address: _____ ST Zip : _____
 City: _____
 Home Ph. #: _____
 E-Mail: _____
 Father's Name: _____
 Father's (Cell): _____
 Mother's Name: _____
 Mother's (Cell): _____

CBY Groups

- Trek - 7th & 8th Grade
- Journey - 9th thru 12th Grade

CBY Groups meet in the church Parsonage on SUNDAYS from 6:00 to 8:00pm

Family Church Home (check one):

- Calvary Bible
- Other (list name): _____
- None

** Additional information to complete on the back

Please complete a section for each child attending Awana.

1. Name:

Girl Boy Age: Grade: Date of Birth(m/d/y):

Age Group: _____

Shirt /Vest Size:

Allergies, learning or physical disabilities, dietary or other information of which we should be aware for this clubber:

2. Name:

Girl Boy Age: Grade: Date of Birth (m/d/y):

Age Group: _____

Shirt/Vest Size:

Allergies, learning or physical disabilities, dietary or other information of which we should be aware for this clubber:

3. Name:

Girl Boy Age: Grade: Date of Birth (m/d/y):

Age Group: _____

Shirt/Vest Size:

Allergies, learning or physical disabilities, dietary or other information of which we should be aware for this clubber:

Parental/Guardian Consents

1) MEDICAL RELEASE:

I give permission for my Clubber/s to participate in the AWANA program at Calvary Bible Church. I understand that this activity will be closely supervised. However, should there be an emergency situation; I give my written consent to all supervisors to make decisions concerning the medical treatment of my Clubber. I understand that I will be notified immediately in case of an emergency, and I agree not to hold Calvary Bible Church liable in any way.

Family Physician:

Hospital of choice: _

Insurance Company:

Policy #: _

2) PICK UP AND EMERGENCY CONTACTS FOR CLUBBERS: (must be 18 years of age or older)

In the event of an emergency, we will work through the following list to contact someone if parents are unavailable.

1st Contact name:

Relationship:

Phone #:

2nd Contact name:

Relationship:

Phone #:

3 Other Important Information:

All children need to be picked up promptly at the end of club, please make the proper arrangements for your children. Additionally, we do not allow clubbers to bring their food in to the Church during club meetings. Please be sure that your children are fed before arriving. A snack will be provided for them later during the meeting.



Signature of Parent or Guardian: _____

Date: _____

| <u>Club Fees</u> | | | | Child 1 | Child 2 | Child 3 |
|-----------------------------------------------------------|-------------------------------------|----------------|--|-----------------------|---------|---------|
| No Fees Required for CBY Groups (Trek and Journey) | | | | | | |
| CUBBIES | (Vest \$12) (Bag \$8) (Book \$12) | \$32.00 | | | | |
| SPARKS | (Vest \$12) (Bag \$8) (Book \$12) | \$32.00 | | | | |
| T&T | (Shirt \$17) (Bag \$8) (Book \$ 12) | \$37.00 | | | | |
| Totals per child: | | | | | | |
| Total Due: \$ | | | | Total Paid: \$ | | |
| Ck # | | | | Cash | | |