

AWANA Club Registration Form 2019-2020

Child's Name _____ Boy _____ Girl _____ Grade _____ Birth Date _____

Parent(s) _____ Preferred Cell Phone Number _____

Address _____ City _____ State _____ Zip _____

Email _____ Allergies _____

I do NOT want to receive the church newsletter

In case of emergency, if I can't be located, please contact:

Name _____ Phone _____ Relationship to Child _____

Non-Attender Registration Fee: \$30

Church (if any) _____

El Camino Attender Registration Fee: \$10

ALREADY HAVE A UNIFORM? YES

PLEASE CIRCLE CLUB:

ALL UNIFORMS \$10 (CIRCLE SIZE):

PUGGLES (2 year olds by 8/31/19)

PUGGLES 2T 3T 4T 5T 6T

CUBBIES (3&4 year olds, Pre-Kindergarten by 8/31/19)

CUBBIES S-4 M-5 L-6 XL-8 XXL-10

SPARKS (Kindergarten-2nd grade)

SPARKS S-6 M-8 L-10 XL-12 2XL-14 3XL-16

T&T (3rd-5th grade)

T&T S (6-8) M (8-10) L (10-12) Ad S Ad M

TREK (6th-8th grades)

TREK S M L XL XXL (Adult Sizes)

Terms and Conditions

I understand that my child 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, El Camino Baptist Church and any persons involved in the AWANA club ministry.

In the event of an emergency that requires medical treatment for the above named child, 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 for El Camino 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.

I grant permission for a photo of my child to appear among other general club photos as long as there is no identifying information shown.

I grant permission for my child to travel to/from AWANA club events with adult leaders. Any such event will be clearly communicated with me beforehand.

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

Signature of Parent/Guardian

Date

Office Use:

Registration Fee: _____ Uniform: _____ Amt Paid _____