2011-2012 Registration Form

Club Begins August 31, 2011

Clubber's Section				
Name:	Sex: M F	Birth Date: / /	Grade: (in Sept. 2010)	
Home Address:		City:		Zip:
Telephone No:		Cell No:		

Bible: ☐ Has a Bible ☐ Needs a Bible Uniform size: ☐Has Uniform ☐Needs Uniform (if needed, see below for info)

(Please circle your size from the following choices.)

NOTE: We recommend ordering larger sizes as uniforms are usually smaller than comparable clothing & can be worn for more than 1 year.

Cubbies (3 to 4 years old)	Medium (5)		Large (6)		X-large (8)		XX-large (10)
Sparks (K to 2nd grade)	Large (10)		X-large (12)		XX-large (14)		XXX-large(16)
3rd to 6th grade	Size 10	Size 12	Size 14	Size 16	Adult small	Adult medium	Adult large

Parent's Section	
Father Name :	Church Attending:
Mother Name :	Church Attending:
Email (Father):	Email (Mother):

If you are interested in helping: ☐ Full time (1 ½ hours weekly) ☐ Part time → ☐ Game time (30 minutes weekly) ☐ Handbook time (30 minutes weekly) ☐ Council time (30 minutes occasionally)

Liability Release and Emergency Medical Treatment Agreement

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter, (print name)_____, has my permission to attend AWANA at Northwest Community Church on Wednesdays, from 6:30 pm to 8:15 pm.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Northwest Community Church, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys' and consultants' fee and disbursements, which arise out of joining the Awana Club sponsored by Northwest Community Church.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOWN THE CONTENTS THEREOF AND IS SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL. This is a legally binding agreement which I have read and understand.

Signature: _____ Date: / / Spouse: _____ Cell Phone: _____
Parent or legal guardian

Child's Doctor: _____ Phone: _____

Name: _____ Cell Phone: _____
Print name

Medical coverage: _____ I.D. # _____

Any allergy, allergic reaction to drugs, current medications, or special condition of my child:

Any special learning needs:

FOR OFFICE USE ONLY:

Registration paid by: Check# Cash Date

Dues Paid: Full Year Partial Year Paid by: Check # Cash Date