

AWANA CLUBS of Arapaho Road Baptist Church 2008 – 2009 REGISTRATION FORM

DATE _____

[Please check the club your child/teen will be attending.]

<input type="checkbox"/> A-WANNA BEES [2 yr. olds]	<input type="checkbox"/> SPARKS KINDERGARTEN	<input type="checkbox"/> T & t – [3 rd - 6 th GRADE]
<input type="checkbox"/> CUBBIES [3 & 4 yr. olds]	<input type="checkbox"/> SPARKS - 1 ST GRADE	<input type="checkbox"/> TREK [7 th & 8 th GRADE]
	<input type="checkbox"/> SPARKS - 2 ND GRADE	<input type="checkbox"/> JOURNEY [9 th - 12 th GRADE]

NAME: _____

SEX (circle) MALE FEMALE	Date of Birth:	AGE:	2008/2009 School Grade:
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PARENT(S) NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE: TX** **ZIP CODE:** _____

HOME PHONE # _____ **CELL PHONE #** _____

E-MAIL ADDRESS: _____

HOME CHURCH: _____

PARENT'S SIGNATURE: _____ **DATE:** _____

2008 – 2009 AWANA FEES

CLUB	DUES [Paid at Time of Registration]	UNIFORM <u>REQUIRED</u>	HANDBOOKS <u>REQUIRED</u>
A-WANNA BEES	(Full Payment) \$25.00	Shirt & Bag Included	N/A
CUBBIES	\$30.00	\$11.00	\$ 8.00
SPARKS	\$30.00	\$13.00	\$ 8.00
TRUTH & TRAINING	\$30.00	\$15.00	\$ 8.00
TREK 24/7	\$30.00	\$16.00	\$ 8.00
JOURNEY 24/7	\$30.00	\$18.00	\$10.00
OPTIONAL ITEMS	Music CDs - \$10.00	Book Bags - \$6.00	Back Packs - \$6.00

For Awana Office Use ONLY - Account Sheet

DATE	CASH or CHECK	ITEM	AMOUNT PAID
		DUES – First Half	
		DUES – Second Half	
		FULL DUES	
		HANDBOOK: ___ Received ___ Ordered	
		UNIFORM: ___ Received ___ Ordered	
		CD - \$10.00	
		BOOK BAG - \$6.00	

NOTES:

2008-2009 AWANA PERMISSION SLIP & MEDICAL RELEASE FORM

As the parent or guardian, I _____ do hereby authorize the treatment by a qualified and Licensed medical doctor of the following minor in the event of a medical emergency, which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also release Arapaho Road Baptist Church, Commanders, Directors, Leaders, Parents, and Awana Clubs International of any liability for any accident incurred during any of the 2008/2009 Awana Club activities.

INFORMATION of MINOR:

NAME:	Relationship to Minor:
Address of Minor:	City:
State: TX	Zip:

This release is intended to be used during the entire Awana year, August 30, 2008 through May 17, 2009 This includes both club meetings and outings: (ex.) Awana games, Bible Quiz, Grand Prix, Summit, Sparks Camp-A-Rama, lock-ins, any overnights. This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

DATE:	Parent or Guardian's Signature:
Address of Parent of Guardian:	
Phone #	

Insurance and Medical Information:

Carrier:	Group #	ID #
Family Physician:		Phone #
Date of last Tetanus Shot: (if current - circle CURRENT)		
Specific Medial Allergies, or Other Conditions:		

Other Contact in Case of Emergency:

Name:	Relationship:	Phone #
Address:	State: TX	Zip:

County of DALLAS

Notary Information:

_____ personally appeared before me, a notary public, to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____ (year).

Notary Public Signature _____

My commission expires on _____.

Notary seal