

**Awana Ministries & 24/7 Ministries**  
of Arapaho Road Baptist Church  
**2009 - 2010 - REGISTRATION FORM**

**DATE:** \_\_\_\_\_

[Please Check the Club Your Child/Teen Will Be Attending! If you are a Leader and need to purchase any items, please fill out form as well! Thank You!!!]

<input type="checkbox"/> <b>LEADER</b>	<input type="checkbox"/> <b>SPARKS - KINDERGARTEN</b>	<input type="checkbox"/> <b>T &amp; T - [3<sup>RD</sup> - 6<sup>TH</sup> GRADE]</b>
<input type="checkbox"/> <b>A-WANNA BEES [2 Year Olds]</b>	<input type="checkbox"/> <b>SPARKS - 1<sup>ST</sup> GRADE</b>	<input type="checkbox"/> <b>24/7 TREK [7<sup>TH</sup> - 8<sup>TH</sup> GRADE]</b>
<input type="checkbox"/> <b>CUBBIES</b>	<input type="checkbox"/> <b>SPARKS - 2<sup>ND</sup> GRADE</b>	<input type="checkbox"/> <b>24/7 JOURNEY [9<sup>TH</sup> - 12<sup>TH</sup> GRADE]</b>

<b>NAME:</b>	_____
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Sex (Circle) <b>MALE</b> <b>FEMALE</b>	Date of Birth: _____	AGE: _____	2009/2010 School Grade: _____
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<b>PARENT(S) NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY:</b>	<b>STATE: TX</b> <b>ZIP CODE:</b>
<b>HOME PHONE #</b>	<b>CELL PHONE #</b>
<b>E-MAIL ADDRESS:</b>	
<b>HOME CHURCH:</b>	
<b>PARENT'S SIGNATURE:</b>	<b>DATE:</b>

**2009 - 2010 - AWANA FEES**

<b>CLUB</b>	<b>DUES</b> <small>[Paid at Time of Registration]</small>	<b>UNIFORM REQUIRED</b>	<b>HANDBOOKS REQUIRED</b>
<b>A-WANNA BEES</b>	<b>(Full Payment) \$27.00</b>	<b>Shirt &amp; Bag Included</b>	<b>N/A</b>
<b>CUBBIES</b>	<b>\$32.00</b>	<b>\$11.00</b>	<b>\$9.00</b>
<b>SPARKS</b>	<b>\$32.00</b>	<b>\$12.00</b>	<b>\$9.00</b>
<b>TRUTH &amp; TRAINING</b>	<b>\$32.00</b>	<b>\$15.00</b>	<b>\$9.00</b>
<b>TREK 24/7</b>	<b>\$32.00</b>	<b>\$16.00</b>	<b>\$9.00</b>
<b>JOURNEY 24/7</b>	<b>\$32.00</b>	<b>\$18.00</b>	<b>\$10.00</b>
<b>OPTIONAL ITEMS:</b>	<b>Music CD's - \$12.00</b>	<b>Book Bags - \$7.00</b>	<b>Back Packs - \$7.00</b>

*For AWANA Office Use ONLY - Account Sheet*

<b>DATE</b>	<b>CASH or CHECK</b>	<b>ITEM</b>	<b>AMOUNT PAID</b>
		<b>DUES</b>	
		<b>First Half      Second Half      FULL DUES</b>	
		<b>HANDBOOK: ___ Received    ___ Ordered</b>	
		<b>UNIFORM: ___ Received    ___ Ordered</b>	

**NOTES:**

## 2009 - 2010 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 2009/2010 AWANA Club activities.

### INFORMATION of MINOR:

<b>NAME:</b>	<b>Relationship to Minor:</b>
<b>Address of Minor:</b>	<b>City:</b>
<b>State: TX</b>	<b>Zip:</b>

This release is intended to be used during the entire AWANA year, August 29, 2009 through May 16, 2010. 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.

<b>DATE:</b>	<b>Parent or Guardian's Signature:</b>
<b>Address of Parent or Guardian:</b> (if different from minors)	
<b>Phone #</b>	

### Insurance and Medical Information:

<b>Carrier:</b>	<b>Group #</b>	<b>ID#</b>
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<b>Family Physician:</b>	<b>Phone #</b>
<b>Date of Last Tetanus Shot:</b> (if current - circle <b>CURRENT</b> )	
<b>Special Medical Allergies or Other Conditions:</b>	

### Other Contact in Case of Emergency:

<b>Name:</b>	<b>Relationship:</b>	<b>Phone #</b>
<b>Address:</b>	<b>State: TX</b>	<b>Zip:</b>

**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 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year).

Notary Public Signature: \_\_\_\_\_

**Notary Seal**

My commission expires on \_\_\_\_\_.