

2011 AWANA Registration Form



KIDZ 2 years old – 5th grade
Parent Orientation is August 31, 2011 @ 7pm
Club begins September 7, 2011 @ 7pm

(1) Child's Name _____

Birth date _____ Age _____ Grade Entering in Fall _____

Allergy/Health Information _____

Club: Puggles Cubbies Sparks Truth & Training **Year in Current Club:** 1st 2nd 3rd

Cost from Brochure: _____ Payment Option: 1 2

(2) Child's Name _____

Birth date _____ Age _____ Grade Entering in Fall _____

Allergy/Health Information _____

Club: Puggles Cubbies Sparks Truth & Training **Year in Current Club:** 1st 2nd 3rd

Cost from Brochure: _____ Payment Option: 1 2

(3) Child's Name _____

Birth date _____ Age _____ Grade Entering in Fall _____

Allergy/Health Information _____

Club: Puggles Cubbies Sparks Truth & Training **Year in Current Club:** 1st 2nd 3rd

Cost from Brochure: _____ Payment Option: 1 2

Parents' Names _____

Address (Street, City, State, Zip) _____

Home Phone _____ Work Phone _____ Pager or cell phone _____

Person to notify in case parent cannot be reached in an emergency _____

Relationship _____ Phone # _____

What church do you normally attend? CCC None or Other: _____

I'm interested in volunteering (please check all that interest you)..

KIDZ WHOSE PARENTS VOLUNTEER FOR THE CLUB YEAR ARE FREE

2 year olds 3 year olds 4 & 5 year olds Kindergarten 1st & 2nd Grade

3rd – 5th Grade A/V Nursery Volunteer

PAID BY: Cash _____ Check # _____

Awana Permission Form

My child(ren) have permission to attend and participate in Awana. In addition, I give permission to Community Christian Church's teachers and directors to photograph and/or film my child(ren) for promotion & publication purposes.

Signature _____ Date _____

How did you hear about us?

- KIDZ Camp/Day Camp At church
 Friend _____ Email/Website



Dear Parent:

It is important that this form be filled out completely (front and back). In case of an emergency, we will need to be able to contact you.

Authorization To Consent To Treatment

In the case of a medical emergency, I understand that every effort will be made to contact me using the information provided on the reverse side of this form. If attempts fail, I, the Parent or Guardian of the child(ren) named on this consent form do hereby authorize a representative(s) from **Community Christian Church** as agents for the undersigned to consent to any X-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment and/or hospital care which is deemed advisable by and is rendered under, the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment and/or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. I further relinquish all claims against and will not hold liable the directors, coordinators, teachers, or any interested parties, including Community Christian Church, for any accidents or for obtaining medical treatment for my child.

Family Doctor (Name)

(____) _____ - _____
(Phone Number)

Parent/Guardian Signature

Date