

Awana Clubber Registration

RBBC Awana
2401 N. Partin Dr
Niceville, FL 32578

Club Year: 2009-2010

- Please Print -

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	E-Mail: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
	Emergency*: _____	_____

* Emergency Contact During Club Time (other than parents)

<u>Child's Name (First, Middle, Last)</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>Current Bk / Uniform Size</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am interested in helping: ___ Weekly ___ Every other week ___ Monthly ___ For Special Events
Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

Terms and Conditions

- 1) I understand that my child/children 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, Rocky Bayou Baptist Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, 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 to the Awana volunteers 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.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

NOTE: Please do not let cost be a reason for not enrolling your child in Awana. We can work out a payment plan or we have partial and full scholarships available. Just mark "Payment Plan" or "Request Scholarship" in the fees box.

Office Use

Fees: _____

Total Due: _____

Date	Ck #	Pymt Amt
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

X _____
Signature of Parent/Guardian Date

<u>UNIFORMS & BOOKS</u>	Size/Book	Quantity	Price	Total
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<u>CUBBIES</u>				
Handbook			\$8.00	
Vest	M – L – XL - XXL		\$10.00	

<u>SPARKS</u>				
Handbook	1 – 2 - 3		\$9.00	
Vest	M – L – XL - XXL		\$10.00	

<u>T&T</u>				
Handbook	1 – 2 – 3 - 4		\$8.00	
T-Shirt Uniform	Youth 12 – 14 – 16 Adult S – M - L		\$13.00	

<u>TREK</u>				
Handbook			\$8.00	
T-Shirt Uniform	Adult S – M – L - XL		\$15.00	

<u>JOURNEY</u>				
Handbook			\$10.00	
T-Shirt Uniform	Adult S – M – L – XL		\$16.00	

<u>DUES</u>	# of children	X	\$20.00	
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TOTAL
 (Maximum of \$100.00/family)
 ADJUSTED TOTAL

<u>OPTIONAL ACCESSORIES</u>				
Puggles T-Shirt	2T – 3T – 4T – 5T – 6T		\$9.00	
Tote Bag	Cubbies / Sparks / T&T		\$5.00	
Cubbies Listening CD			\$10.00	
Sparks Listening CD	Book 1 – 2 - 3		\$10.00	
T&T Listening CD	Book 1 – 2		\$10.00	

TOTAL

 GRAND TOTAL