

2022-2023

- Please Print -

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send text messages, please provide your Cell Phone Carrier's Name here: _____ (e.g. AT&T, Verizon, etc.)

Parent(s): _____ Home Church: _____
 Address: _____ Persons (other than parents) authorized to pick up the children: _____
 City: _____ State: _____ Zip: _____

| Contact Name | Relationship | Email Address | Phone | Text Ok | Cell Carrier |
|--------------|--------------|---------------|-------|--------------------------|--------------|
| Primary: | | | | <input type="checkbox"/> | |
| Emergency: | | | | <input type="checkbox"/> | |
| Other: | | | | <input type="checkbox"/> | |

| Child's First and Last Name | Nickname | Birth Date | Gender | Grade | School | Need Book | Need Uniform |
|-----------------------------|----------|------------|--------|-------|--------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| Child | Doctor Name and Phone | Last Td Shot | Allergies / Meds / Special Needs |
|-------|-----------------------|--------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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, and complete a child protection class 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, Ten Mile Community 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.

4) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

Office Use

Fees:

Total Due _____

Amt Paid _____

Check # _____ Cash _____

Payment Option:

Monthly Amount: \$ _____

Balance: \$ _____

I agree ☒ _____ Date _____