



AWANA REGISTRATION AND RELEASE FORM

Club Year 2010-2011
Uniform needed? Y <input type="checkbox"/> N <input type="checkbox"/> (Please specify size) Size: _____
Cubbies (3 – 4 years) <input type="checkbox"/>
Sparks (K – 2 nd) <input type="checkbox"/>
Truth & Training (3 rd – 4th) <input type="checkbox"/>
Truth & Training (5 th – 6th) <input type="checkbox"/>
Trek (7 th – 8 th) <input type="checkbox"/>
Journey 24/7 (9 th – 12 th) <input type="checkbox"/>

Dear Parent or Guardian:

Welcome to COBC's AWANA program! This form must be completed and signed in order for your child to participate. ONE FORM must be completed for EACH child. Please print unless advised for signatures.

Clubber's Name: _____

Address: _____

(If different, please correct) City: Tehachapi State: Ca Zip: 93561

Home Church: _____ Age: _____ Birthday: ____/____/____ Grade: _____

Home Phone: _____

Cell Phone(s): _____ (for club nights)

E-mail address _____

Parent/Guardian(s) Names: _____

Allergies, Medications,
Medical Info or Special Info: _____

Pick Up Authorization:

 The following individual(s) are authorized to pick up my child (must be over 18).

Name: _____ Name: _____

Name: _____ Name: _____

Registration Fee and Quarterly Dues (payment options and discounts):

Registration fee and dues includes Entrance Booklet, First Book for the Club Year, and awards. Uniforms, additional handbooks and replacements for lost items will have additional charges. See your club secretary for specific costs.

Multi-Child Discount: If more than 3 children from the same household are enrolled in club, the remaining children's registration is \$10 and dues are waived. Cost for uniforms, additional handbooks and/or replacement items will still apply.

Awana Service Discount: For one parent serving in Awana as an **official** Leader, Director, Secretary, or Listener, quarterly dues can be waived for one of your children (a \$40 value). For two parents serving, dues will be waived for two of your children (an \$80 value).

Partial Scholarships: COBC is committed to helping those who may need financial assistance. Please speak to Pastor Brent for more information about partial scholarships.

Please select one of the following payment options:

- (option #1) One time Registration + Dues payment of \$50 (Save \$5!)
- (option #2) Registration + 1st quarter dues = \$25 now, then quarterly dues of \$10 payable on 11/3, 1/5 & 3/9

Mandatory Parent Orientation Requirement: At least one parent or guardian of all registered clubbers must attend a one-time 45 minute parent orientation meeting so they can receive some important information on the purpose of Awana, the role of the parent in Awana, and the best way to get the most benefit out of your child's Awana experience.

I understand that one parent/guardian is required to attend one of the parent orientation meetings and that failure to do so may disqualify my family from participation in Awana. _____ (Please initial)

Club Use Only:

Rcvd: _____ By: _____ Pd: Y N Cash Check # _____ Amt _____

Registration Fee: Y Q N All Forms RTRND: Y N



Child's Name: _____ Club: Cubbies Sparks T&T Trek Journey

Participation Authorization

I/We the undersigned parent/guardian of _____, do hereby consent to and approve my (our) child's taking part in any and all activities conducted by AWANA and/or Country Oaks Baptist Church which activities may include off-property excursions (i.e. AWANA Games, practices for AWANA games, Scholarship Camp, etc.). I/We also understand that participation in this activity may include automobile transportation.

_____(Initials)

Emergency Authorization

I/We do hereby authorize the adult sponsor of this AWANA program and/or AWANA Games bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility, in the case of an emergency. The medical/dental care is to include, but is not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation or receive the medical or dental care._____(Initials)

Financial Responsibility

In the event of injury or illness to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities._____(Initials)

Risk

(Athletics, games, travel, hiking, climbing, projects, weather, hobbies, and other related activities.) I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against Country Oaks Baptist Church, staff or sponsors as a result of any injury suffered in the course of my child/ward's participation in AWANA club or at the AWANA Games._____(Initials)

Photograph/Film Release

I understand that, while my child is participating in AWANA activities, photographs, film, audio recordings and videotape of child may be taken for use in brochures, videos(i.e. Clubber of the Month videos), website and various AWANA and Country Oaks Baptist Church publications and other work product. I do hereby grant AWANA and Country Oaks Baptist Church permission to record, display(ex. Clubber of the Month videos) and/or reproduce my child's name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product and to use or authorize the use of such media or any portion thereof in any manner or media by any means, methods or technologies now known or hereafter to be known. _____(Initials)

I have read and understand the terms of this agreement.

Signature of parent or legal guardian: _____ Date: _____

Print Name: _____

Medical Information

Medical Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

Not Currently Insured. I understand that I am responsible for all medical costs due to necessary medical treatment.

Parent's signature: _____

- Drug Allergies Asthma Hay Fever Insect Stings/Bites
- Diabetes Cardiac Chronic Asthma Epilepsy
- Nervous Disorder Physical Disorder Emotional Disorder Seizure

If you have checked any of the above, please give details: _____

Medical Treatment
Consent &
Liability Release
Form for Minors
California Civil
Code Section 25.8

