

Welcome to Country Oaks Baptist Church's AWANA Club! This form must be completed and signed in order for your child to participate.

Children 3 years of age can only attend club if parent helper is present for the duration of the club year.

Space is limited and some children may go on a waiting list. Please print unless advised for signatures.

YOUR CHILD MUST BE COMPLETELY POTTY TRAINED BEFORE ENTERING CUBBIES!!!

				/	/		
Clubber Last Name	First	Middle Initial		Birth [Date		Age
Parent(s) Name	······································				☐ Yes I would lil	ke to volunt	eer!
Address (Please change i	f different:) Cit	y: Tehachapi State: C	CA Zip Coo	le: 93561			
Home Phone				Cell Ph	none		
E-mail Address							
Does your family have a	church home?] Yes □ No	Name of C	hurch:			
Allergies/Medications/A	dditional Inform		IENT OPTI	 ONS			
_	•	s preliminary club bookle additional payments. AV		-			
PLEASE SELECT ONE:							
☐ Option 1: One Time Pa	ayment: Registra	tion (\$15) + Materials Fe	ee (\$35) = \$50	(Save \$5)			
☐ Option 2: Four Payme		(\$15) + 1 st Materials Fee	e (\$10) = \$25	(due at sign up)	; followed by three	individual r	naterials fees of
\$10 to be paid on 11/02,	01/04, 03/01						
Cubbies Unifo	orm: \$15	Uniform Vest N	leeded?	□Y □N	Please Check Si	ize: □L (6)	□XL (8)
Pick Up Authorization:	The following	individual(s) are auth	orized to pic	k up my child	(must be over 18)):	
Name(s)							
1) I understand that my activity, there is a risk opersons involved in the	of injury. I fully a	accept this risk and ho					
2) In the event of an er to contact me. Howeve licensed physician to po accident or treatment of	er, if I/we canno rovide the care	t be reached, I give my	y permission	to the AWAN	A volunteers to se	cure the se	ervices of a
Medical Insurance					Policy	#	
Doctor's Name					Phone	Number	
☐Not Currently Insure	d. I understan	d that I am responsibl	e for all med	dical costs due	e to necessary me	dical treat	ment.
3) I give permission for various Country Oaks B the case that my child i services only.	aptist Church p	ublications. I also give	permission	for identifying	information to be	shown wi	th the photo in
I have read and agree t	o the Terms an	d Conditions stated ab	ove.				
Signature of parent or	legal guardian				Date	/	
CLUB USE ONLY: Early Registration \Box Y \Box REG. FEE: \$		/AIT LIST □Y # DOK: \$	DISCOUN'	T:	Payment Date: □Cash □Ch	/	

Welcome to Country Oaks Baptist Church's AWANA Club! This form must be completed and signed in order for your child to participate.

Space is limited and some children may go on a waiting list. Please print unless advised for signatures.

Parent(s) Name Address (Please change if different:) City: Tehander Phone	achapi State: CA	7. 0. 4. 02564	☐ Yes I would like	to volunteer!
Address (Please change if different:) City: Teh	achapi State: CA	7'- 0-1- 02564	⊔ tes i would like 1	to volunteer!
Home Phone	achapi State: CA	7'- 0-4- 02564		
		Zip Code: 93561		
F we il Address		Cell Pl	none	
E-mail Address				
Does your family have a church home? ☐ Yes ☐	□ No ſ	Name of Church:		
Allergies/Medications/Additional Information?				
	PAYMEN	NT OPTIONS		
Registration and materials fees includes prelir replacement for lost items will have additi	•	-		
PLEASE SELECT ONE:				
Option 1: One Time Payment: Registration (\$				
Option 2: Four Payments: Registration (\$15)	+ 1 st Materials Fee (\$	10) = \$25 (due at sign up	; followed by three inc	lividual materials fees of
\$10 to be paid on 11/02, 01/04, 03/01		*	*NOTE: Uniforms are w	orn for 3 years**
Sparks Uniform: \$15 Uniform Vest	Needed? □Y	□N Please Che	ck Size: □L (6) □XL (8	s) □2XL (6) □3XL (8)
Pick Up Authorization: The following individ	dual(s) are authoriz	zed to pick up my child	(must be over 18):	
Name(s)				
1) I understand that my child may participate activity, there is a risk of injury. I fully accept persons involved in the AWANA Club Ministr	this risk and hold h			
2) In the event of an emergency that require to contact me. However, if I/we cannot be relicensed physician to provide the care necess accident or treatment of my child.	eached, I give my p	ermission to the AWAN	A volunteers to secu	re the services of a
Medical Insurance			Policy #	
Doctor's Name			Phone No	umber
\square Not Currently Insured. I understand that	I am responsible f	or all medical costs du	e to necessary medic	al treatment.
3) I give permission for photo(s) of my child revarious Country Oaks Baptist Church publica the case that my child is selected as the Club services only.	itions. I also give pe	rmission for identifying	information to be sh	nown with the photo in
I have read and agree to the Terms and Cond	ditions stated above	e.		
Signature of parent or legal guardian			Date	



Welcome to Country Oaks Baptist Church's AWANA Club! This form must be completed and signed in order for your child to participate.

Space is limited and some children may go on a waiting list. Please print unless advised for signatures.

Clubber Last Name	First	Middle Initial	/ / Birth Date	Grade	School			
classer East Hame	11130	wilder militar	Sii tii Bute	Grade	3611001			
Parent(s) Name				☐ Yes I would like to volunteer!				
Address (Please change i	f different:) Cit	y: Tehachapi State	e: CA Zip Code: 93561					
Home Phone			Cell	Phone				
E-mail Address								
Does your family have a	church home?] Yes □ No	Name of Church:					
Allergies/Medications/A	dditional Informa		MENT OPTIONS					
_	•	s preliminary club boo	klet and curriculum book for t AWANA service and multi-ch					
PLEASE SELECT ONE:								
☐ Option 1: One Time P	ayment: Registra	tion (\$15) + Materials	Fee (\$35) = \$50 (Save \$5)					
☐ Option 2: Four Payme \$10 to be paid on 11/02,	_	(\$15) + 1 st Materials F	Fee (\$10) = \$25 (due at sign u	p); followed by three ind	ividual materials fees of			
			Please Cho	eck: 🗆 UA 3rd/4th Grade	□UC 5th/6th Grade			
T&T Uniform: \$15	Uniform	Vest Needed?	□Y □N Please Ch	eck Size: □10 □12 □1	4 □AS □AM □AL			
Pick Up Authorization	The following	individual(s) are au	thorized to pick up my chil	ld (must be over 18):				
Name(s)								
	of injury. I fully a	accept this risk and h	ctivities such as those held hold harmless from any leg					
to contact me. Howeve	er, if I/we canno rovide the care	t be reached, I give	atment for the child named my permission to the AWA ild's well being. I assume r	NA volunteers to secur	e the services of a			
Medical Insurance				Policy #				
Doctor's Name				Phone Nu	ımber			
☐ Not Currently Insure	ed. I understand	d that I am responsi	ible for all medical costs d	ue to necessary medica	al treatment.			
various Country Oaks B	Saptist Church p	ublications. I also gi	ong other general club pho ve permission for identifyin onth to be shown in the AV	ng information to be sh	own with the photo in			
I have read and agree t	o the Terms and	d Conditions stated	above.					
Signature of parent or	legal guardian			Date	_/			
CLUB USE ONLY: Early Registration □Y □ REG. FEE: \$	N W	/AIT LIST □Y # DOK: \$_	DISCOUNT: □AS □MC TOTAL PD: \$	Payment Date: □Cash □Check				

Welcome to Country Oaks Baptist Church's AWANA Club! This form must be completed and signed in order for your child to participate.

Please print unless advised for signatures.

			1	/		
Clubber Last Name	First	Middle Initia	Birth Date	. (Grade	School
Parent(s) Name					ould like to vol	untoorl
raient(s) Name				□ lesiwo	raia like to voi	unteer:
Address (Please change in	different:) Ci	ty: Tehachapi Sta	te: CA Zip Code: 93561			
Home Phone				Cell Phone		
E-mail Address						
Does your family have a	church home? [□ Yes □ No	Name of Church:			
Allergies/Medications/A	ditional Inform	ation?				
			PAYMENT			
_	-	•	iculum book for the club ye 'A service and multi-child d	•		
PLEASE SELECT:						
☐ Option 1: One Time Pa	yment: Registra	ation (\$15) + Materia	ls Fee (\$10) = \$25			
Unit	orm T-Shirt Nee	eded? □Y □N	Please Check Size:	: □AS □AM □AL	□AXL □A2X	L
						-
Pick Up Authorization:	The following	individual(s) are a	uthorized to pick up my	child (must be ove	er 18):	
Name(s)						
•	f injury. I fully	accept this risk and	activities such as those h hold harmless from any			
to contact me. Howeve	r, if I/we canno ovide the care	ot be reached, I give	eatment for the child name my permission to the Ahild's well being. I assun	AWANA volunteers	to secure the	e services of a
Medical Insurance				P	Policy #	
Doctor's Name				P	hone Numbe	er
☐Not Currently Insure	d. I understan	d that I am respon	sible for all medical cos	ts due to necessar	y medical tre	eatment.
various Country Oaks B	aptist Church p	oublications. I also g	nong other general club give permission for ident lonth to be shown in the	tifying information	to be shown	with the photo in
I have read and agree to	the Terms an	d Conditions stated	d above.			
Signature of parent or	egal guardian				/ Date	
CLUB USE ONLY: Early Registration □Y □ REG. FEE: \$	N DISCOUNT	: □AS □MC 'BOOK: \$	Payment Date: TOTAL PD: \$	/	□Check	



Welcome to Country Oaks Baptist Church's AWANA Club! This form must be completed and signed in order for your child to participate.

Please print unless advised for signatures. NOTE: The Club fee of \$25.

			/ /		
Clubber Last Name	First	Middle Initial	Birth Date	Grade	School
Parent(s) Name				☐ Yes I would like to v	olunteer!
Address (Please chang	e if different:) Cit	y: Tehachapi State: CA	Zip Code: 93561		
Home Phone			Cell Phon	e	
E-mail Address					
Does your family have	a church home?	Yes □ No	Name of Church:		
Allergies/Medications	/Additional Informa	tion?			
		P.A	YMENT		
			book for the club year. Unifoice and multi-child discounts,		
PLEASE SELECT:					
☐ Option 1: One Time	Payment: Registra	ion (\$15) + Materials Fee	(\$10) = \$25		
U	Iniform T-Shirt Nee	ded? □Y □N	Please Check Size: □AS □A	M □AL □AXL □A	2XL
activity, there is a ris persons involved in t 2) In the event of an to contact me. Howe	k of injury. I fully a he AWANA Club N emergency that re ver, if I/we canno provide the care	ccept this risk and hold linistry. equires medical treatme be reached, I give my p	ties such as those held during harmless from any legal liant of the child named abovermission to the AWANA well being. I assume response	ability Country Oaks E ove, I understand ever volunteers to secure t	saptist Church and any ry effort will be made the services of a
Medical Insurance				Policy #	
Doctor's Name				Phone Num	ber
☐Not Currently Insu	ıred. I understand	I that I am responsible f	for all medical costs due to	necessary medical t	reatment.
3) I give permission f various Country Oaks	or photo(s) of my s Baptist Church p	child to appear among cublications. I also give pe	other general club photos wermission for identifying in to be shown in the AWANA	with no identifying inf formation to be shov	formation shown in with the photo in
I have read and agree	e to the Terms and	Conditions stated above	/e.		
					, ,
Signature of parent of	or legal guardian			Date	/
CLUB USE ONLY:					
Early Registration □Y	□N DISCOUNT:	□AS □MC	Payment Date:/		
DEC EEE, ¢	I LINUEODNA/I	200V. ¢	TOTAL DD. ¢	□Cach □Chack	