



# Registration and Release Form

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 like to volunteer!

Address (Please change if different:)      City: Tehachapi      State: 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/Additional Information?

### PAYMENT OPTIONS

*Registration and materials fees includes preliminary club booklet and curriculum book for the club year. Uniforms, additional handbooks and replacement for lost items will have additional payments. AWANA service and multi-child discounts, as well as, scholarships available.*

PLEASE SELECT ONE:

Option 1: One Time Payment: Registration (\$15) + Materials Fee (\$35) = \$50 (Save \$5)

Option 2: Four Payments: Registration (\$15) + 1<sup>st</sup> Materials Fee (\$10) = \$25 (due at sign up); followed by three individual materials fees of \$10 to be paid on 11/07, 01/09, 03/06

Cubbies Uniform: \$15

Uniform Vest Needed?  Y  N

Please Check Size:  L (6)  XL (8)

**Pick Up Authorization: The following individual(s) are authorized to pick up my child (must be over 18):**

Name(s) \_\_\_\_\_

1) I understand that my child 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 Country Oaks Baptist Church and any persons involved in the AWANA Club Ministry.

2) In the event of an emergency that requires medical treatment for the child named above, I understand every effort will be made to contact me. 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.

Medical Insurance      Policy #

Doctor's Name      Phone Number

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

3) I give permission for photo(s) of my child to appear among other general club photos with no identifying information shown in various Country Oaks Baptist Church publications. I also give permission for identifying information to be shown with the photo in the case that my child is selected as the Clubber of the Month to be shown in the AWANA Sunday video during COBC's church services only.

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

Signature of parent or legal guardian      Date

#### CLUB USE ONLY:

Early Registration  Y  N

WAIT LIST  Y # \_\_\_\_\_

DISCOUNT:  AS  MC

Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REG. FEE: \$ \_\_\_\_\_ + UNIFORM/BOOK: \$ \_\_\_\_\_

TOTAL PD: \$ \_\_\_\_\_

Cash  Check \_\_\_\_\_