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.
***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**

_____

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) + 1st 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**

Please Check: ☐ **UA 3rd/4th Grade** ☐**UC 5th/6th Grade**

T&T Uniform: $15 **Uniform Vest Needed?** ☐**Y** ☐**N** **Please Check Size:** ☐**10** ☐**12** ☐**14** ☐**AS** ☐**AM** ☐**AL**

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** _____