

## REGISTRATION & RELEASE FOR 3-6TH GRADERS

Visit countryoaks.org for our other kid programs!

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Space is limited and some children may go on a waiting list.

## **CLUBBER INFORMATION**

			M/F	1 1	
Clubber Last Name	First Name	Middle Initial		Birthdate	Grade
Parent(s)/ Guardian Name					
Address Please change if diffe	erent City: Tehachapi	State: CA Zip: 9356	1		
Mom's Cell Number		Dad's Ce	ll Number		
Does your family have a church home?	? Y N Name of Chur	ch:			
	MEDIC	AL INFORMATION			
Medical Insurance Carrier		Policy Number			
Doctor's Name		Phone Number			
Allergies/Medications/Additional Medic	cal Information				
□ Not Currently Insured. I understand	that I am responsible for all	I medical costs due to medic	al treatment obtained	for my child.	
	FEE	S & CLUB GEAR			
T&T Registration: <b>\$50/Clubber</b> T&T Shirt(Required): <b>\$15</b> T&T SlingBag (Optional): <b>\$9</b>	□ UA 3rd/4th Grade □ My T&T has a Sh □ My T&T would lik	irt ⊡MyT&Tr	th Grade needs a size 10 12	2 14 AS AM A	۸L
	LIAB				
Pick Up Authorization: The following in	ndivial(s) are <u>UN</u> -authorized	to pick up my child.			
1) I understand that my chil physical activity, there is a risk of Church and any persons involved	injury. I fully accept this	risk and hold harmless f			
2) In the event of an emerge made to contact me. However, if of a licensed physician to provide	I/we cannot be reached,	, I give my permission to	the AWANA volunt	teers to secure the	services

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 Condidtions stated above.

any accident or treatment of my child.

Signature of Parent or legal G	uardian		Date
	Y N WAITING LIST #	DISCOUNT: AS MC	PAYMENT DATE:
REG. FEE: \$+	UNIFORM/BOOK: \$ + OTHER: \$	DIS: \$ = \$	CASH CHECK #