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AWANA REGISTRATION

Parent/Legal Guardian Info

Name of Guardian		Relationship to Child	
Address		Email Address	
Home Phone	Cell Phone #1	Cell Phone #2	
Do you attend a church?		If yes, Name of Church	

Emergency Contact (other than Parent/Guardian)

Emergency Contact #1	Phone	Relationship to Child
Emergency Contact #2	Phone	Relationship to Child

Clubber Information

Name of Child #1		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	___ Cubbies 3-PreK
Age	Grade	Birthdate	___ Sparks K-Gr 2
Allergies (state NONE if none) or Special Information like medications, activity restrictions			___ T&T Gr 3-4
			___ T&T Gr 5-7
Name of Child #2		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	___ Cubbies 3-PreK
Age	Grade	Birthdate	___ Sparks K-Gr 2
Allergies (state NONE if none) or Special Information like medications, activity restrictions			___ T&T Gr 3-4
			___ T&T Gr 5-7
Name of Child #3		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	___ Cubbies 3-PreK
Age:	Grade	Birthdate	___ Sparks K-Gr 2
Allergies (state NONE if none) or Special Information like medications, activity restrictions			___ T&T Gr 3-4
			___ T&T Gr 5-7
Name of Child #4		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	___ Cubbies 3-PreK
Age	Grade	Birthdate	___ Sparks K-Gr 2
Allergies (state NONE if none) or Special Information like medications, activity restrictions			___ T&T Gr 3-4
			___ T&T Gr 5-7

Terms & Conditions

1. I consent to and approve my child/children taking part in any and all activities conducted by Barrhead Alliance Church (BAC) Awana Clubs. 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 consent to the treatment of minor injuries of my child and release, hold harmless and indemnify AWANA and BAC and their staff and volunteers from any and all liability, claims and costs arising from such treatment. In the event of an emergency that requires medical treatment for the above mentioned child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I assume responsibility for all costs connected to any accident or treatment of my child.
2. I understand that any off-property Awana excursions will be communicated with me beforehand and I will be required to sign a separate medical release form for my child to participate in those excursions.
3. I give permissions for photo(s) of my child/children among other club photos in any and all media as long as there is no identifying information published. I hereby waive any cause of action I may have because of the use of my child's photograph.

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

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
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AWANA FEES & PURCHASES

		Price		Quantity		Amount
CUBBIES	Vest	\$18.00	x		=	
	Handbook	\$13.00	x		=	
	Book Bag	\$7.00	x		=	
	Fees	\$25.00	x		=	
		\$63.00				
SPARKS	Vest	\$18.00	x		=	
	Handbook	\$13.00	x		=	
	Book Bag	\$7.00	x		=	
	Fees	\$25.00	x		=	
		\$63.00				
T & T	Shirt	\$22.00	x		=	
	Handbook	\$13.00	x		=	
	Fees	\$30.00	x		=	
		\$65.00	x			
				TOTAL	=	\$

Pay by cheque, cash, debit/credit card or E-Transfer or give payment to the club secretary.

E-Transfer email address is: financeofficebac@gmail.com. Please indicate Awana Fees in the comments and who they are for.

If you would like to divide your payments into monthly payments, please let the club secretary know.

If you are unable to pay some or all of the fees, you can apply for a scholarship. Talk to Sarah Semler or church staff.