



2009 Registration Form

CLUBS:



♦ Cubbies - (3 years old - Pre K)



♦ Sparks (K - 2nd Grade)



♦ T & T (3rd - 6th Grade)

Children Enrolling in AWANA:

Name	Birthdate	Grade	School	M / F
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____

Family Information

Address _____ City _____ Zip _____ Home Phone _____

Father Name _____ Cell Phone _____ Work Phone _____ e-Mail _____

Mother Name _____ Cell Phone _____ Work Phone _____ e-Mail _____

Person who brings your child to AWANA _____ Relationship _____ Church Home _____

I am a leader in _____ and request my child be in my group.
Club Name & Color

G	M
R	\$

Sparky says, "Don't forget to complete the back !"



Below is a list of Club items your child(ren) may need.

**Cubbie & Sparks: Vest (One Size fits all)
T&T Shirt Sizes: 14 or 16**

- ♦ **Books:** Necessary to participate in each club.
- ♦ **Uniforms:** We encourage everyone to be in uniform.
- ♦ **Registration Fee:** \$20 per child

AWANA Club Selection:

Please check selections below:

_____ <i>Child's Name</i>	_____ <i>Club Name</i>	Registration Fee: <input type="checkbox"/> \$20 Book: _____ <input type="checkbox"/> \$9 Uniform Vest (2nd Grade & Younger) <input type="checkbox"/> \$11 Uniform Shirt (3rd - 6th) <input type="checkbox"/> \$20
Shirt size: _____	Grade _____	

_____ <i>Child's Name</i>	_____ <i>Club Name</i>	Registration Fee: <input type="checkbox"/> \$20 Book: _____ <input type="checkbox"/> \$9 Uniform Vest (2nd Grade & Younger) <input type="checkbox"/> \$11 Uniform Shirt (3rd - 6th) <input type="checkbox"/> \$20
Shirt size: _____	Grade _____	

_____ <i>Child's Name</i>	_____ <i>Club Name</i>	Registration Fee: <input type="checkbox"/> \$20 Book: _____ <input type="checkbox"/> \$9 Uniform Vest (2nd Grade & Younger) <input type="checkbox"/> \$11 Uniform Shirt (3rd - 6th) <input type="checkbox"/> \$20
Shirt size: _____	Grade _____	

_____ <i>Child's Name</i>	_____ <i>Club Name</i>	Registration Fee: <input type="checkbox"/> \$20 Book: _____ <input type="checkbox"/> \$9 Uniform Vest (2nd Grade & Younger) <input type="checkbox"/> \$11 Uniform Shirt (3rd - 6th) <input type="checkbox"/> \$20
Shirt size: _____	Grade _____	

_____ <i>Child's Name</i>	_____ <i>Club Name</i>	Registration Fee: <input type="checkbox"/> \$20 Book: _____ <input type="checkbox"/> \$9 Uniform Vest (2nd Grade & Younger) <input type="checkbox"/> \$11 Uniform Shirt (3rd - 6th) <input type="checkbox"/> \$20
Shirt size: _____	Grade _____	

Date of payment _____

Total Amount Due: _____

Payment: _____
 Ck # *Amt*

Payment is due at the time of registration and is non-refundable. Please make checks payable to Foothills Bible Church

Cash _____
 Amt

Permission Statement

Video/Photo Release:

Foothills Bible Church (FBC) may, at its discretion, take photographs or videotape of participants at events. The resulting images may be used for two purposes: to promote the event or a similar event in the future and/or to archive the event for historical purposes. By signing below, you give FBC your explicit permission to use potential images taken of your child for these purposes. By signing, you give permission for your child's photo and/or video to be used in FBC publications, FBC Websites, and other FBC media.

 Parent Signature

 Date

Family Name: _____

**Children's Ministries
Medical Release & Permission Slip For Minor**

Child's Name _____ Date of Birth _____

Current School Attending _____ Grade for 09-10 School Year _____

Contact Information- Father's Name _____ Mother's Name _____

Complete Address

Home Phone Number: _____

Father Work Phone: _____

Mother Work Phone: _____

Father Cell Phone: _____

Mother Cell Phone: _____

Father Email: _____

Mother Email: _____

Parent(s) Entitled to Legal Custody and Control _____

Please Describe Custody and Control Issues _____

Child's Family Doctor _____

Doctor's Phone Number _____

Medical Insurance Name _____ Policy Number _____

In the event that medical or surgical treatment is advisable or required, I grant permission for and designate the representative(s) of Foothills Bible Church to supervise and secure the services of a licensed physician or other licensed health care provider and I grant that physician or health care provider permission to provide any care advisable or necessary (including surgery and/or anesthesia) for my child's well being. I understand that there is a risk of injury or illness for my child related to this or any church activity or care and I, the undersigned parent and/ or guardian of the above-named child, for myself and my, or my child's, heirs, representatives or assigns do release, acquit, discharge, defend, indemnify and hold harmless and fully and forever discharge Foothills Bible Church and its officers, directors, agents, employees, volunteers, representatives or others acting at the direction, permission or consent of the church or representatives, or any attending physicians or health care providers from any and all claims, injuries, illnesses or property damages or liabilities arising out of any activity or treatment of any sickness or injury incurred by my child. This release excepts out the gross negligent or criminal conduct of the specific actor. It is the intention of this release that the above-named representatives and specifically any attending physician or health care provider incur no liability whatsoever while attending to the reasonable necessary treatments, surgery, and any other medical need that they deem appropriate.

My student has: A Specific Medical Condition; Special Needs; Severe Allergies; Epi-Pen;
Please explain all specifics/information needed to care for your minor in relation to above check mark(s):

Video/Photo Release - Please check appropriate box:

Yes No

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Signature of Parent or Guardian

Date