



Foothills Bible Church
AWANA 2011-2012 Registration
 Please complete both sides

Child's Last Name: _____

Father (First,Last): _____ Mother (First,Last): _____

Home Address: _____

Child lives with: Both Parents Father Mother
 Joint Custody Other: _____

Home Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

Father Work Phone: _____ Mother Work Phone: _____

Father E-Mail: _____ Mother E-Mail: _____

Church Home: None FBC Other (please specify): _____

Emergency Contact: Name _____ Phone: _____

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

- Books: Necessary to participate in each club
 - Uniforms: We encourage everyone to be in uniform
- Vest is one size fits all
T&T Shirt is for appropriate grade level

CLUB	Grade	Child's Name First Last	Date of Birth	Gender	Reg Fee	Book (Circle Choice If Needed)	Uniform (Circle If Needed)	Total (\$)
CUBBIES 3 & 4 Year Olds	Pre-K			M / F	\$20	\$9	\$11 Vest	
	Pre-K			M / F	\$20	\$9	\$11 Vest	
SPARKS K-2 nd Grade	K			M / F	\$20	\$9 HangGlider	\$11 Vest	
	1			M / F	\$20	\$9 HangGlider / WingRunner	\$11 Vest	
	2			M / F	\$20	\$9 HG / WR / SS	\$11 Vest	
				M / F	\$20	\$9 HG / WR / SS	\$11 Vest	
TRUTH & TRAINING (T&T) 3 rd - 6 th Grade	3			M / F	\$20	\$9 Ult Adv 1	\$15 M, L	
	4			M / F	\$20	\$9 Ult Adv 1 / 2	\$15 M, L	
	5			M / F	\$20	\$9 Ult Chal 1	\$15 M, L	
	6			M / F	\$20	\$9 Ult Chal 1 / 2	\$15 M, L	
				M / F	\$20	\$9 Ult Adv 1 / 2 ; Ult Chal 1 / 2	\$15 M, L	

Please make checks payable to Foothills Bible Church; payment is due at the time of registration. **Grand Total:**

Date of Payment: _____ Cash: _____ Check #: _____ Check Amount: _____

Please complete both sides

M	O
R	\$

Family Name: _____

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

Father's Name _____

Mother's Name _____

Phone _____

Child's Name _____

Date of Birth _____

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

Child's Name _____

Date of Birth _____

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

Child's Name _____

Date of Birth _____

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

Child's Name _____

Date of Birth _____

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

Medical Insurance Name _____

Policy Number _____

Hospital of Preference _____

In the event that medical or surgical treatment is advisable or required, and I cannot be reached, 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. By signing, you give FBC your permission to use potential photo and/or video taken of your child, to be used in FBC publications, Websites, and other media. These publications are used strictly for FBC event promotions and/or historical purposes.

Signature of Parent or Guardian

Date