

Awana Clubber Registration

WHBC Awana Club  
1071 Mogollon Road  
Prescott, AZ 86301

Club Year: 2019-2020

- Please Print -

Parent /Guardian	Number / E-mail address	Contact Person
Name(s): _____	Cell Phone: _____	_____
Address: _____	E-Mail: _____	_____
City: _____ State: _____ Zip: _____	Home Phone: _____	_____
Home Church: _____	Work Phone: _____	_____
Persons (including parents) authorized to pick up the children: _____	Emergency: _____	_____
_____	Emergency: _____	_____

\* Emergency Contact During Club Time (other than parents)

Child's First and Last Name	Nickname	Birth Date	Gender	Grade	School	Need Book	Need Uniform
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Child	Doctor Name and Phone	Allergies / Meds / Special Needs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As a parent, are you interested in helping with:      Ministry Director      Club Director      Other Leader      Listener      Secretary      Student Leader      Worship Leader

Terms and Conditions

- 1) I understand that my child/children 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, Willow Hills Baptist Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named 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 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.
- 3 My child may be photographed      Yes      No.

Office Use

Reg. Fee: \$15.00 per child (all clubs)  
 Uniform: \$17.00 - vests  
               \$22.00 - jerseys  
 Dues: \$1.00/wk x 31 weeks  
 Lost book: \$12.00 replacement fee  
 Registration:  
 \$15 x \_\_\_\_\_ = \_\_\_\_\_  
 Uniforms:  
 \_\_\_\_\_ x \$17 = \_\_\_\_\_  
 \_\_\_\_\_ x \$22 = \_\_\_\_\_  
 Dues: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 CASH or CHECK # \_\_\_\_\_

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

X \_\_\_\_\_  
 Signature of Parent/Guardian Date