

Date _____

Pd _____ cash/check

AWANA REGISTRATION FORM SEPTEMBER 2010-MAY 2011

Added to Computer _____

Color Line _____

Clubber's Last Name _____ First Name _____

Clubber's E-Mail (optional) _____ Birthdate __/__/__

Age ____ Grade ____ Club: Cubbies Sparks T&T Trek J 24/7 (circle one)

Address _____

Siblings _____

Parents/Legal Guardian _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Dues: Annual dues per Clubber \$35.00 _____ or Annual FAMILY Dues \$70.00
(Dues help cover the costs of running the Awana program and one handbook.)

If, for some reason you are unable to pay the annual dues now, please see a Commander.

Food Allergies _____

CAMANO CHAPEL CONSENT & RELEASE FROM LIABILITY 867 S. West Camano Drive, Camano Is, WA 98282 (360) 387-7202

I, _____, the _____ of _____,
(Print name of parent or guardian) (Relationship parent/guardian) (Print Name of child/student)

do hereby consent to his/her participation in the Life Development & Student Ministries activities.

This Consent and Release Form applies to functions and/or activities including:

- Transportation to and/or from scheduled meetings, trips, outings and/or camps
- Participation in scheduled meetings, trips, outings and/or camps
- Medical care for child/student in case of emergency
- Use of child's/student's photo individually or in a group setting. (Pictures may only be used for the purpose of ministry related bulletin boards, videos, brochures, and /or church directories.)

I understand that I, or my designee, is responsible for the above child's safety prior to pickup and immediately upon drop off at designated pickup and drop off points. I further understand that all drivers and passengers of Camano Chapel vans and/or personal vehicles used in any event are required by state law to wear seat belts. ***Seat belts must be worn at all times while vehicles are in motion.***

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the ministry staff to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named on this form. I understand every effort will be made to notify parents or guardians of child/student.

I DO HEREBY AUTHORIZE AND HOLD HARMLESS CAMANO CHAPEL, and all of its ministries and departments, each of the leaders, and each of the accompanying persons FROM ALL LIABILITY for mishap or injury of any nature whatsoever.

DATED this _____ day of _____ 20_____.

SIGNATURE of Parent or Guardian _____

Emergency Phone Number/Name _____

Alternate Emergency Phone/Name _____