

# Airline Baptist Church Awana Registration

Office Use Only

Club: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Child's Address: \_\_\_\_\_



Grade (2008-2009)	<input type="checkbox"/> Pre-K 3 <input type="checkbox"/> Pre-K 4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 5th Grade
-------------------	--

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Email : \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Nmbr: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

**Cubbies Club (Preschooler ages 3 & 4)**

Vest - Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> XXL	\$	9.00
Handbook - <i>Hopper Celebrations</i>	\$	8.00
Book Bag	\$	6.00
Verses CD <i>(optional)</i>	\$	10.00

**Sparks Club (Kindergarten, 1st and 2nd Grade)**

Vest - Size <input type="checkbox"/> Sm 6 <input type="checkbox"/> Med 8 <input type="checkbox"/> Lrg 10 <input type="checkbox"/> XL 12 <input type="checkbox"/> XX 14 <input type="checkbox"/> XXX 16	\$	10.00
Handbook      _____ HangGlider (1st Yr.) _____ Hiker (2nd Yr.) _____ Climber (3rd Yr.)	\$	9.00
Book Bag <i>(Optional)</i>	\$	5.00
Verses CD      _____ HangGlider _____ Hiker _____ Climber <i>(optional)</i>	\$	10.00

**T & T Club (3rd, 4th and 5th Grade)**

T- Shirt - Size    Youth <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16	\$	13.00
T- Shirt - Size    Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$	13.00
Polo Shirt - Size   Youth <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16	\$	17.00
Polo Shirt - Size   Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$	21.00
Handbook      _____ 1 _____ 2 _____ 3 _____ 4	\$	8.00
Book Bag <i>(Optional)</i>	\$	6.00
Verses CD      _____ 1 _____ 2 _____ 3 _____ <i>(Optional)</i>	\$	10.00

**\*\* Note: Uniforms have not changed from last session; however if you are \*\*  
changing clubs, you will need to purchase a new one.**

**FEES:**

Annual Registration Fee per child: \_\_\_\_\_ \$ 20.00

(covers partial cost of : Awards, Awana Store, other Misc)

**Total Due**     

**Checks Payable to: Airline Baptist Church - Awana**

*Scholarships are available upon request if needed; see Ms Faye Scott.*

**We will impress upon our child the importance of loving God and hiding His Word in our hearts and training our child in the way that he/she should go. We understand that the purpose of AWANA is: to assist parents (in his stewardship of training), to reach boys and girls for Christ and to train them to love and serve Him. We agree:**

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

AWANA use:       Cash    Check # \_\_\_\_\_    *Scholarship:*    Partial \$ \_\_\_\_\_    Full

## AWANA CLUB 2008-2009

### MEDICAL EMERGENCY CONSENT

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician for the minor stated herein in the event of a medical emergency which, *in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.* This authority is granted after a reasonable effort has been made to reach me by phone at the number listed below.

The parent/guardian assumes the responsibility for any costs connected with such treatment and hereby releases Airline Baptist Church and/or Awana Club from any liability. This Medical Consent shall remain in full force and effect for the full 2008-2009 Awana Club year.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
(Full Name of Child)

**Check One:**

My child has the following medical condition(s) restriction(s), including allergies/drug allergies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Restrictions/conditions

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### EMERGENCY CONTACT INFORMATION

**Name of Parent/Guardian** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Clinic** \_\_\_\_\_ **City** \_\_\_\_\_

**Club Child is in:**

- Puggles
- Cubbies
- Sparks
- T&T