

**Awana Clubber Registration**

**NBC Awana Club**  
 10515 Northcliffe Blvd.  
 Spring Hill, FL 34608

**Club Year: 2019-2020**

**- Please Print -**

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

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

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	<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's Name: \_\_\_\_\_ Allergies or Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am interested in helping: \_\_\_ Weekly \_\_\_ Every other week \_\_\_ Monthly \_\_\_ For Special Events  
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

**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, Northcliffe 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

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

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

**Office Use**

Fees:

Dues	_____	_____
Book	_____	_____
Uniform	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Due</b>	_____	_____
<b>Amt Paid</b>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____