

-Please Print Clearly-

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

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Doctor's Name &amp; Phone</u>	<u>Dentist Name &amp; Phone (optional)</u>	<u>Allergies/Meds/Special Needs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am interested in volunteering:  Weekly  Every other week  Monthly  For special events  
 Note: All Awana Club leaders and volunteers 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, Westbrooke 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 wellbeing. 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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only.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. Yes  No

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

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Printed Name Date

**Office Use Only**

Dues: \$25.00 Per Child X \_\_\_\_\_ Total Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_  
 Scholarship: \_\_\_\_\_ Date paid & given to Westbrooke Office \_\_\_\_/\_\_\_\_/\_\_\_\_