Club Year 2011-2012
Reg. # _____

Evergreen Baptist Church AWANA Club

5775 Sedgwick Rd, Port Orchard, Washington 98366

PLEASE PRINT LEGIBLY WITH PEN. READ CAREFULLY

OFFICE USE ONLY
Date Rec'd _____
Amt: _____Ck# _____
Ck Name: _____
Bal Due: _____
Bal Rec'd: _____Date: _____
Ck#: _____ From: _____

_____, _____; ☐ Male ☐ Female; Date of Birth:_____/_____/_____, Age: _____
Clubber's Last Name Clubber's First Name

_____, _____, _____, _____
Street Address City State Zip Code

_____, _____, _____, _____
Mailing Address (if different than street address) City State Zip Code

Phone: (____) ____-_____ Grade: (circle one): 2 year-old (Puggles) 3 & 4 yr-old Preschool (Cubbies) K 1st 2nd (Sparks) 3rd 4th 5th 6th (T & T)
Alternate Phone (____) ____-_____

Attended AWANA club before? _____ If yes, what was the last handbook/manual completed or worked in? _____

Brought to club weekly by: (If other than parent or guardian) _____

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

Attend church regularly? Yes No If so, where? _____, City: _____

Handbooks completed and awards received by clubber: (Please mark appropriate boxes)

☐ Cubbies – Hopper	☐ T&T Book 1	☐ Excellence Award . . .	Year _____
☐ Cubbies – Jumper	☐ T&T Book 2	☐ Timothy Award . . .	Year _____
☐ Sparks – Skipper	☐ T&T Book 3	☐ Meritorious Award . . .	Year _____
☐ Sparks – Hiker	☐ T&T Book 4	☐ Citation Award . . .	Year _____
☐ Sparks – Climber	☐ Other book or award: _____		

☐ I'm not sure what books or awards my clubber has completed.

EMERGENCY CONTACT INFORMATION & ACTIVITY PERMIT

Clubber Height: ____ft, ____in. Date of last tetanus shot: _____ Allergies: _____

Will clubber be taking any medication while at club? _____ Include details: _____

_____

If clubber has any physical limitation that would restrict participation in some activities please explain: _____

_____

I give permission for my child to participate in all regular club activities including off-campus activities done outside of regular club meetings (Olympics, Bible Quizzing, Club outings, etc.) Permission is also granted for necessary emergency treatment by a licensed medical doctor. Every attempt to notify the parent will be taken.

_____ (____) ____-_____, _____
Please print name of parent/guardian

_____
Signature of parent/guardian

Emergency number to contact parent during club and other details if other than home phone.

Registration Fees are $30.00 per child with a maximum payment of $75.00 per family. The registration fee includes the cost of one clubber handbook for the year as well as clubber awards. The clubber must purchase their uniform and additional books separately. Costs vary between clubs. Please speak with your Club Director for more details.

If you are enrolling more than one child, please fill out a separate registration sheet for each child, however, only one check needs to be submitted for registration fees. Our desire is that every child would have the opportunity to participate in Awana. If registration fees create a financial hardship, check the appropriate block(s) below and the Commander or your child's Club Director will contact you to tell you about other funds that may be available to help you. (All information is kept strictly confidential.)

Payment Method: ☐ Cash ☐ Check - Make checks payable to: **Evergreen Baptist Church** (Please note "AWANA" in the lower left corner.)

☐ Total at registration ☐ I desire a different payment schedule ☐ I would like more information about alternate funding

Payment Enclosed: $_____ Check #: _____