



REGISTRATION AND RELEASE FORM (9th-12th Grade)

Welcome to The Garden Fellowship's AWANA Club. This form must be completed and signed in order for your child to participate.

Clubber Last Name _____ First _____ Middle Initial _____ Birth Date ____/____/____ Age _____ Grade _____

Parent(s) Name _____ Yes, I would like to volunteer!

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Does your family have a church home? Yes No Name of Church: _____

Does your child have any allergies, medications or existing medical conditions? Yes No

If yes, please explain: _____

PAYMENT INFORMATION

*Annual dues and materials fees includes preliminary club booklet and curriculum book for the club year.
Additional handbooks and replacement for lost items will have an additional payment.
AWANA service discounts, as well as, scholarships are available (see Courtney Rehbehn).*

Annual Dues (\$15) + Materials Fees (\$15) = \$30

Pick Up Authorization: *The following individual(s) are authorized to pick up my child (must be over 18):*

Name(s) _____

- 1) I understand that my child 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 The Garden Fellowship and any persons involved in the AWANA Club Ministry.
- 2) In the event of an emergency that requires medical treatment for the child named above, I understand every effort will be made to contact me. 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.

Medical Insurance _____ Policy # _____

Doctor's Name _____ Phone Number _____

Not Currently Insured. I understand that I am responsible for all medical costs due to necessary medical treatment.

- 3) I give permission for photo(s) of my child to appear among other general club photos shown in various publications through The Garden Fellowship.

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

Signature of parent or legal guardian _____ Date ____/____/____

CLUB USE ONLY:			
DISCOUNT: <input type="checkbox"/> AWANA Service	Payment Date: ____/____/____		
ANNUAL DUES: \$ _____	+ MATERIALS FEES: \$ _____	TOTAL PAID: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____