



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			<input type="checkbox"/> Yes, I would like to volunteer!		
Address		City	Zip Code		
Home Phone			Cell Phone		
E-mail Address					
Does your family have a church home? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Church: _____					
Does your child have any allergies, medications or existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #
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Doctor's Name	Phone Number
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☐ 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
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CLUB USE ONLY:

DISCOUNT: ☐ AWANA Service

Payment Date: ____/____/____

ANNUAL DUES: \$_____ + MATERIALS FEES: \$_____ TOTAL PAID: \$_____ ☐ Cash ☐ Check _____