

AWANA Club Registration and Consent

2025-2026

PLEASE PRINT:

Children's Name _____ Age _____ Grade (Fall 2025) _____ Birth date _____ / _____ / _____
1. _____
2. _____
3. _____
Parent Name _____ Preferred Phone _____ ☐ OK to Text
Alternate Phone _____ Address _____
City _____ Zip Code _____ E-Mail _____
Emergency Contact (other than Parent) Name _____
Phone _____
Relation _____

We the parents of the above named child(ren) do hereby authorize the AWANA leader representing Elkhorn Bible Church, as agent to the undersigned, to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment, and hospital judgment deemed advisable.

This authorization is given pursuant to the provision of section 25.8 of the civil code of California. This authorization is to be effective until it is revoked, in writing, to said agent.

It is understood that, as parents or guardians, we are responsible for all medical costs and I (we) will not hold Elkhorn Bible Church, the leader, or any officer, drivers, or helpers liable for medical aid rendered to my child(ren).

List all known allergies or medical conditions for each child on reverse side of this form. ☐ Allergies listed (please check)

Signature of Parent or Guardian _____ Date _____

Family Doctor _____ Phone _____

Insurance Provider _____

Policy Number _____

PERMISSION TO PHOTOGRAPH & VIDEO

I grant permission to Elkhorn Bible Church, the rights of my child's image, likeness and sound of voice as recorded on audio or video tape, without payment or any other consideration. I understand the images may be edited, copied, exhibited, published or distributed, and waive my right to inspect or approve the finished product, wherein their likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of images or recordings. By signing this release I understand this permission signifies that photographic or video recordings may be electronically displayed via the Internet or in a public setting. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.



I'd like to sponsor a needy child's:

Registration (\$45) ☐ Supplies (\$20) ☐ Other Amount \$ _____

Registration Fee*

		Check
1 Child	\$45	<input type="checkbox"/>
2 Children	\$85	<input type="checkbox"/>
3 Children	\$110	<input type="checkbox"/>

Each additional child from the same family = \$25

Note: Registration **DOES NOT** include club supplies

Supply Prices

* = REQUIRED SUPPLIES

Puggles (Age 2 & Young 3)

Home Cards* \$17 ☐

T-Shirt \$13 ☐

Back Pack \$14 ☐

Cubbies (Age 3, 4 & Pre K)

Club Vest* \$15 ☐

Handbook* \$13 ☐

Book Bag \$10 ☐

Sparks (Grade K, 1 & 2)

Club Vest* \$15 ☐

Handbook* \$13 ☐

Book Bag \$10 ☐

T & T (Grade 3, 4, 5 & 6)

T-Shirt* \$20 ☐

Handbook* \$13 ☐

Back Pack \$18 ☐

*OFFICE USE ONLY

Registration \$ _____
Supplies \$ _____
Check # _____
CC # _____
Total \$ _____