



AWANA Registration Form 2018-19

Parent/Legal Guardian Information

Name of Guardian:		Relationship to child:	
Address:		Email:	
City:	State:	Zip:	
Cell Phone:		Home Phone:	
Do you attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend Cornerstone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church (if other than Cornerstone FBC):	

Emergency Contact (other than parent listed above)

Name of Emergency Contact #1:	Phone:	Relationship to Child:
Name of Emergency Contact #2:	Phone:	Relationship to Child:

Clubber Information

Name of Child #1:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ___ Cubbies (3 - PreK) ___ Sparks (K - 2nd) ___ T&T (3rd - 6th)
Age:	Grade:	Shirt Size if Sparks or T&T: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Birthdate:	
Allergies (state none if none) or Special Information (medications or activity restrictions):				
Name of Child #2:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ___ Cubbies (3 - PreK) ___ Sparks (K - 2nd) ___ T&T (3rd - 6th)
Age:	Grade:	Shirt Size if Sparks or T&T: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Birthdate:	
Allergies (state none if none) or Special Information (medications or activity restrictions):				
Name of Child #3:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ___ Cubbies (3 - PreK) ___ Sparks (K - 2nd) ___ T&T (3rd - 6th)
Age:	Grade:	Shirt Size if Sparks or T&T: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Birthdate:	
Allergies (state none if none) or Special Information (medications or activity restrictions):				
Name of Child #4:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ___ Cubbies (3 - PreK) ___ Sparks (K - 2nd) ___ T&T (3rd - 6th)
Age:	Grade:	Shirt Size if Sparks or T&T: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Birthdate:	
Allergies (state none if none) or Special Information (medications or activity restrictions):				

Number of Clubbers ___ x \$30 = \$ _____

Free will donation for scholarships &/or AWANA supplies = \$ _____

Total = \$ _____

Terms and Conditions

- 1.) I consent to and approve my child's taking part in any and all activities conducted by AWANA and/or CORNERSTONE FIRST BAPTIST CHURCH ("CHURCH"), which activities may include off-property excursions. I also understand that participation in this activity may include automobile transportation. I release, hold harmless and indemnify AWANA and the CHURCH, their respective agents, employees, volunteers, officers and directors from any and all liability, costs, and claims arising from my child's participation in AWANA and the CHURCH.
- 2.) I consent to the treatment of any minor injuries of my child and I release, hold harmless and indemnify AWANA and the CHURCH and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment.
- 3.) I hereby grant to Cornerstone First Baptist Church AWANA club the right to copyright, reproduce, publish and otherwise use my child's photograph in any and all media, for purposes of advertising and promoting Cornerstone First Baptist Church AWANA Club. I hereby waive any causes of action I may have because of the use of my child's photograph and/or name.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

OFFICE USE ONLY: Payment Amount Due _____ Payment Received Date _____ Person receiving payment _____
 Form of Payment: Cash Check # _____ Scholarship amount _____