

# Awana Contact Information and permission Authorization

**Parents/Guardians Information:**

Phone # (where you can be reached during Awana): \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Method of Contract: FACEBOOK  TEXT  EMAIL  TELEPHONE

Home Church: \_\_\_\_\_ Invited to Awana by: \_\_\_\_\_

**Clubber(s) Information:**

Clubber's Name	Clubber's Age	Clubber's Grade	Birthday	What Club last year? Puggles, Cubbies, Sparks, T&T?	Allergies/ Medical Conditions

Individuals authorized to pick up clubber from club: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT (If we cannot reach you while your clubber is at AWANA):**

Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

**TERMS AND CONDITIONS:**

- 1) I consent to and approve my child/children's taking part in any and all activities conducted by MERCY HILL CHURCH ("CHURCH") AWANA Clubs. I understand that my child/children 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 consent to the treatment of any minor injuries of my child/children, and 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. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. 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.
- 2) I give permission for photo(s) of my child/children to appear among other general club photos in any and all media as long as there is no identifying information published by MERCY HILL CHURCH. I hereby waive any causes of action I may have because of the use of my child's photograph.

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\$25 REGISTRATION FEE FOR EACH CLUBBER – MAXIMUM OF \$50 PER FAMILY**

**HELPS TO OFF-SET THE COST OF UNIFORM, HANDBOOK, AWARDS, REFRESHMENTS, AWANA STORE ITEMS, ETC**

FORM OF PAYMENT RECEIVED:  Cash  Check Check # \_\_\_\_\_ Rec'd by: \_\_\_\_\_