

2011-2012 AWANA CLUB ENROLLMENT FORM

Community Bible Church
500 N. 10th Street
Central Point, OR 97502
541-664-5576

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MOTHER: _____ FATHER: _____

AGE: _____ GRADE: _____ DATE OF BIRTH: _____

CHURCH CURRENTLY ATTENDING: _____

BROUGHT BY: _____

MISCELLANEOUS INFORMATION (i.e., medical conditions, behavioral issues, etc.):

Office Use:

Club: (circle) Cubbies Sparkies Truth & Training C56
Medical Release on File: Y / N Paid Dues? Y / N Amt Owed? _____ Team Color: _____

2011-2012 AWANA CLUB MEDICAL RELEASE FORM

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As the Parent/Guardian, I do hereby authorize Community Bible Church to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in case I am not available. If the physician listed below is not available, any qualified physician called by Community Bible Church may treat or do whatever is necessary for the health and well being of this child. It is understood that every conscience effort must be made to notify parents/guardian before such action is taken. I agree to accept responsibility for payment of the above medical services. I also release Community Bible Church, other organizations, and individuals involved of any liability for accidents incurred during any of the 2011-2012 Awana club activities.

Name of Child: _____ Birth Date: _____
Address: _____
City/State/Zip: _____
Phone #1: _____ Phone #2: _____
Cell #: _____ Cell #2: _____
Physician: _____ Phone #: _____
Medical Insurance Co.: _____ Policy #: _____
Dentist: _____ Phone #: _____
Dental Insurance Co.: _____ Policy #: _____

In case of emergency call: (Please list a friend or neighbor to call if the parent/guardian cannot be reached)

Name: _____ Phone #: _____
Name: _____ Phone #: _____

This release form will be used during the entire club year, September 2011 through April 2012. The document is applicable to both regular club meetings and outings (i.e., Awana Games, Sparks-a-Rama, Sparky Hike, etc.).

This release form is completed and signed by my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Dated: _____

Print Name: _____

Relationship to Child: _____

2011-2012 Awana Registration Receipt

Parent Name:

Cubbies Children Names:

Sparks Children Names:

T&T Children Names:

C-56 Children Names:

Item	Price	Quantity	Total
Cubbies Dues (Yr.)	\$20.00		
or Cubbies Dues (Semi)	\$12.00		
Cubbies Book	\$8.00		
Cubbies Vest	\$10.00		
Cubbies Bag (optional)	\$6.00		
Sparkies Dues (Yr.)	\$20.00		
or Sparkies Dues (Semi)	\$12.00		
Sparkies Book	\$9.00		
Sparkies Vest	\$10.00		
Sparkies Bag (optional)	\$5.00		
T&T Dues (Yr.)	\$20.00		
or T&T Dues (Semi)	\$12.00		
T&T Book	\$8.00		
T&T T-Shirt Uniform	\$13.00		
T&T Book Bag (optional)	\$5.00		
C-56 Dues (Yr.)	\$20.00		
or C-56 Dues (Semi)	\$12.00		
C-56 Book (T&T Book)	\$8.00		
C-56 T-Shirt Uniform	\$13.00		
Other:			
Other:			

Total: _____