



AWANA Clubs Registration



Please fill out 1 form per child

Date _____

☐ Cubbies

☐ Sparks

☐ T&T

Clubber's Last Name _____ First Name _____

Gender: ☐ Male ☐ Female Grade _____ Date of Birth (m) _____ (d) _____ (y) _____ Age _____

Parents' Name _____

Address _____ City _____

Zip _____ Church you attend _____

Phone (h) _____ (c) _____ (c) _____

Emails _____



AWANA CLUB NIGHTS

Salem First Baptist - 395 Marion St NE - Salem, OR 97301

Club Year September 2011-May 2012

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumed the responsibility for any costs connected with such treatment and hereby releases the church where child attends AWANA Club from any liability therefor.

Name of minor _____ Relationship _____

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

Family Physician _____ Phone _____

OFFICE USE ONLY

Paid: <input type="checkbox"/> Vest (\$10)	<input type="checkbox"/> Shirt (\$13)	<input type="checkbox"/> Book (\$10)	<input type="checkbox"/> Dues (\$20/yr)	<input type="checkbox"/> Book Bag
				Cubbies (\$6)
				Sparks (\$5)
				T&T (\$6)
Pmt Type: <input type="checkbox"/> Check	<input type="checkbox"/> Cash Amount: \$ _____	Date _____		
Clubber Received: <input type="checkbox"/> Vest	<input type="checkbox"/> Shirt	<input type="checkbox"/> Book	<input type="checkbox"/> Book Bag	
Payment Received by: _____				