

**Awana Clubber Registration**

**Club Year: 2011-2012**

**- Please Print -**

**FBC Hendersonville Awana Club**

312 Fifth Avenue West  
Hendersonville, NC 28739

| Parent /Guardian   | Number / E-mail address | Contact Person |
|--|-------------------------|----------------|
| Name(s): _____   | Home Phone: _____       | _____          |
| Address: _____   | Work Phone: _____       | _____          |
| City: _____ State: _____ Zip: _____                                    | Cell Phone: _____       | _____          |
| Home Church: _____   | E-Mail: _____           | _____          |
| Persons (other than parents) authorized to pick up the children: _____ | Other: _____            | _____          |
| _____  | Emergency*: _____       | _____          |

\* Emergency Contact During Club Time (other than parents)

| Child's First and Last Name | Nickname | Birth Date | Gender | Grade | School | Need Book                | Need Uniform             |
|-----------------------------|----------|------------|--------|-------|--------|--------------------------|--------------------------|
| _____                       | _____    | _____      | _____  | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____    | _____      | _____  | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____    | _____      | _____  | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____    | _____      | _____  | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                       | _____    | _____      | _____  | _____ | _____  | <input type="checkbox"/> | <input type="checkbox"/> |

| Child | Doctor / Phone | Allergies / Meds / Special Needs |
|-------|----------------|----------------------------------|
| _____ | _____          | _____                            |
| _____ | _____          | _____                            |
| _____ | _____          | _____                            |
| _____ | _____          | _____                            |

I am interested in helping as a:  Listener  Leader  Other  
 Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

| Terms and Conditions   | Office Use   |
|--|--|
| <p>1) 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 hold harmless from any legal liability, First Baptist Church Hendersonville and any persons involved in the Awana Club ministry.</p> <p>2) 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 representatives of FBC Hendersonville and/or 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.</p> <p>3) From time to time during AWANA videos, photographs, and/or slides will be taken of children. I grant my permission for FBC Hendersonville to use these photographs of my child.</p> | <p>Fees:</p> <p>Dues _____</p> <p>Book _____</p> <p>Uniform _____</p> <p>_____</p> <p>_____</p> <p>Total Due _____</p> <p>Amt Paid _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>I have read and agree to the Terms and Conditions stated above</p> <p><b>X</b> _____</p> <p>Signature of Parent/Guardian _____ Date _____</p>   |  |