**Awana Clubber Registration** Oak Park Community Church

Club Year: 2019-2020 12050 Aberdeen St NE

**--Please Print--** Blaine, MN 55449

Parent/Guardian Number/E-mail Address Contact Person

Name(s): Home Phone:

Address: Cell Phone(s):

City:

State: ZIP: E-Mail:

Person(s) (other than parents) authorized to pick up the children: Other:

Emergency:\*

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

Home Church:

I would like to be an Awana volunteer Yes No

Child’s First and Last Name Nickname Birth Date Grade Gender Club**\*** Need Need Uniform

Book Uniform Size

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**\**Puggles*** (Age 1 by Sept. 1st to 3 and *Parents of Puggles Must Stay in the Building at All Times*)

***Cubbies*** (Age 3 by Sept. 1st to 5 and *Must Be Potty Trained*); ***Sparks*** (Grades K, 1 & 2); ***T&T*** (Grades 3, 4, 5 & 6)

Child Special Needs or Allergy Information

**Dues are $15 per child with a family maximum of $40. Books are $10 each and uniforms are $10 each.**

**Authorization and Release of Liability Office Use**

1) I recognize that there are risks involved in participating in these programs and hereby assume all risk of

injury, harm, damage or death to my child(ren) in connection with his/her participation in these programs. Fees:

To the fullest extent permitted by law, I release OPCC, its trustees, directors, employees and representatives

from any injury, harm, damage or death which may occur to my child(ren) while participating in these Dues

programs and agree to save and hold harmless OPCC, its trustees, directors, employees and representatives

from any claims arising out of my child(ren)’s participation in these programs. Book

2) Being the parent or legal guardian of the(se) child(ren), I do consent to any medical surgical, x-ray,

anesthetic or dental treatment that may be deemed necessary for my child(ren). I understand that efforts will Uniform

be made to contact me prior to treatment, but in event that I cannot be reached in an emergency, I give

permission to the program leader to make the decisions necessary for treatment. Should there be no program \_\_\_\_\_\_\_

leader available, I give my permission to the attending physician to treat my child(ren). As parent or legal

guardian, I understand that I am responsible for the health care decision of my child(ren) and agree that my \_\_\_\_\_\_\_

insurance plan is the primary plan to pay for medical, dental, hospital care or treatment that is given to my

child(ren). Any insurance policy of the church or organization sponsoring the program will be used as

secondary coverage.

3) I authorize OPCC to photograph or videotape my child while participating in activities and give permission Total Due

to post and display pictures and/or video of my child(ren) on their website or promotional materials.

I understand these pictures and videos may be used in a church directory and church publications including Amt. Paid

the website and/or promotional videos and release OPCC from any liability.

4) I understand that my child(ren) is expected to follow all directions given by staff and volunteers and be Check No.

respectful to others in the program and to church property.

5) I certify that I am the parent or legal guardian of the child(ren) registered on this form and hereby give my

consent to have my child(ren) participate in the Children’s Ministry programs at Oak Park Community Church.

**X**

Signature of Parent/Guardian Date