Awana Clubber Registration
Club Year: 2021-2022
--Please Print--

Oak Park Community Church
12050 Aberdeen St NE
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:*	
Home Church:		*Emergency Contact During Club Time (other than parents)	
		I would like to be an Awana volunteer ☐ Yes ☐ No	

Child's First and Last Name	Nickname	Birth Date	Grade	Gender	Club*	Need Book	Need Uniform	Uniform Size
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	

***Puggles** (Age 1 by Sept. 1st to age 3)
Cubbies (Age 3 by Sept. 1st to age 5; the two years preceding Kindergarten); ***Sparks*** (Grades K, 1 & 2); ***T&T*** (Grades 3, 4 & 5)

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

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. 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 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.

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 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 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 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 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**

Office Use

Fees:
Dues _____
Book _____
Uniform _____
_____ _____
_____ _____

Total Due _____
Amt. Paid _____
Check No. _____

Please return this completed form, along with cash or check made out to Oak Park