



Awana Clubber Registration  
 Club Year: 2019-2020  
 Awana Coordinator: Sharon – 253-720-6269  
[Scc.sharons@gmail.com](mailto:Scc.sharons@gmail.com)

SCC Awana Club  
 8004 Pacific Ave SE  
 Lacey, WA 98503  
 sojournlacey.com (contact page)

Please Complete the Following Information:

Parent(s) \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Church \_\_\_\_\_ Emergency Contact (Name) \_\_\_\_\_ # \_\_\_\_\_

Person (besides parents) authorized to pick up the children \_\_\_\_\_

Clubber's Name	Nickname	Birthdate	Allergies	Gender	Grade	Book	Bkpk	Club
_____	_____	_____	_____	M F	_____	Y N	Y N	CST
_____	_____	_____	_____	M F	_____	Y N	Y N	CST
_____	_____	_____	_____	M F	_____	Y N	Y N	CST
_____	_____	_____	_____	M F	_____	Y N	Y N	CST
_____	_____	_____	_____	M F	_____	Y N	Y N	CST
_____	_____	_____	_____	M F	_____	Y N	Y N	CST
_____	_____	_____	_____	M F	_____	Y N	Y N	CST

(Registration \$25 per child/max \$60, Book \$12, Backpack \$12)

Doctor's Name \_\_\_\_\_ # \_\_\_\_\_

Additional Information \_\_\_\_\_

Parent Help/Support: I am interested in helping w/: Games \_\_\_\_\_, FT Listener \_\_\_\_\_, Music \_\_\_\_\_, Leader \_\_\_\_\_, Special Events \_\_\_\_\_, Other \_\_\_\_\_. Get your background check form from the office.

Terms and Conditions:

- 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, Sojourn Community Church and any persons involved in the Awana club ministry.
- 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 Awana volunteers to give emergency treatment that could include first aid, CPR by a qualified person at SCC and/or secure the service of a licensed physician to provide the care necessary for my child's well-being. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I assume responsibility for all costs connected to any accident or treatment of my child and waive my right of informed consent to such treatment if unable to be reached.
- 3) I grant SCC permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publication, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I have read and agree to the Terms and Conditions stated above:

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent/Guardian Date