



Dear Parent/Guardian:

The Awana staff at Clearview Church asks that you read the **Awana Club Rules** for yourself and to your child. We want your child to have the best experience at Clearview's Awana Clubs this year. We also ask that you and your child (Sparks & T&T) sign below stating that you understand the rules and will abide by them.

Thank you for letting us be a part of your child's life!

Clearview Awana Staff

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I have read and understood the Awana Club Rules, and I will abide by the rules.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's signature

\_\_\_\_\_  
Date

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## Awana Club Rules

1. Respect and obey your leaders and staff members.
2. Take part in the entire club program unless you brought a note from your parents or you are excused by your club Commander/Director.
3. Walk at all times (EXCEPT during game time).
4. Remain with your leader at all times during club.
5. Remain in the church/school building at all times. If you need to leave early, your club Commander/Director must know when you leave and sign you out, per a note from your parent/guardian.
6. Parents must sign clubber IN when they arrive & OUT before they leave!
7. If you disobey the rules, we will enforce Awana 1-2-3 count:
  - 1-Count: Verbal Warning
  - 2-count: verbal Warning from Club Commander/Director
  - 3-count: Parent/Guardian will be called immediately. You will be sent home. You may not return to club until your parent/guardian has assured the club commander/director that you will behave!
8. Wear your complete Awana uniform properly with all awards.
9. For fun and for your safety, you must wear tennis shoes. There will be running games!



Awana Registration Form

Name \_\_\_\_\_ Sex (circle) Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Current Grade \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Church You Attend \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Emergency Contact: Phone \_\_\_\_\_

Any Special Concerns or Instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Brought By:** \_\_\_\_\_

Parent's Signature \_\_\_\_\_

For Awana Staff Use Only:

| Cubbies |     |                 | Sparks      |                 |                 | T & T           |                 |                 |                 |
|---------|-----|-----------------|-------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 3's     | 4's | 5's (not in K5) | 5's (in K5) | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | 5 <sup>th</sup> | 6 <sup>th</sup> |



Medical Release  
Awana Club Year 2020-2021

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his\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.

**Name of Minor:** \_\_\_\_\_

This release will be in effect for the **Awana Club Year 2020-2021**

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company to be billed for any and all medical fees and services should they be needed and to release Awana Clubs International, its employees, and its charters from this liability.

\_\_\_\_\_  
Signature (parent/guardian)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Date Signed

Family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

\_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to clubber: \_\_\_\_\_