



NPC 2017 – 2018 AWANA Registration Form

Parent (s) Name (s): _____ Home Phone #: _____

Home Address: _____ City: _____ Zip: _____

Mom's Cell #: _____ Dad's cell #: _____

Invited to Awana by: _____ Preferred E-mail: _____

Church (if any): _____

Emergency contact: _____ Phone #: _____

Who will transport your child (ren)? _____

Individual (s) authorized to pick up your child (ren): _____

AWANA CLUBBERS

Name: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (preschool) _____ Sparks (grade K-2) _____ TNT (grade 3-5) _____

Medical conditions or allergies that we need to know: _____

Name: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (preschool) _____ Sparks (grade K-2) _____ TNT (grade 3-5) _____

Medical conditions or allergies that we need to know: _____

Name: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (preschool) _____ Sparks (grade K-2) _____ TNT (grade 3-5) _____

Medical conditions or allergies that we need to know: _____

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 Noelridge Park Church and any persons involved in the Noelridge Park Church 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 Noelridge Park Church Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo of my child to appear in the Noelridge Park Church Awana Club section of it's webpage. I also give permission for photo(s) of my child to appear among other general club photos **as long as there is no identifying** information shown.
() YES () NO
- 4) I grant permission for my child to travel to/from Noelridge Park Church Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.
- 5) I understand that Noelridge Park Church Awana leaders/volunteers **will not** release my child/children to anyone **whose name isn't** listed in this form.
I have read and agree to the Terms and Conditions stated above.

NAME (PRINT) _____ Date: _____ X Signature of Parent/Guardian _____