

CALVARY BIBLE CHURCH AWANA REGISTRATION

2026-2027

Parent / Guardian information

Last Name: _____ Mother's Name: _____ Father's Name: _____

Home address: _____

Home phone: _____ Cell phone: _____ Alt Cell: _____

Email: _____

Please indicate the best method of contact during club time: _____

Child 1 Cubbies ☐ Sparks ☐ T&T ☐

Name: _____ Boy ☐ Girl ☐ Age: _____ Grade: _____ DOB:(m/d/y) _____

Please indicate any allergies, learning or physical disabilities, or other information which we should be aware of for this clubber.

Child 2 Cubbies ☐ Sparks ☐ T&T ☐

Name: _____ Boy ☐ Girl ☐ Age: _____ Grade: _____ DOB:(m/d/y) _____

Please indicate any allergies, learning or physical disabilities, or other information which we should be aware of for this clubber.

Child 3 Cubbies ☐ Sparks ☐ T&T ☐

Name: _____ Boy ☐ Girl ☐ Age: _____ Grade: _____ DOB:(m/d/y) _____

Please indicate any allergies, learning or physical disabilities, or other information which we should be aware of for this clubber.

Child 4 Cubbies ☐ Sparks ☐ T&T ☐

Name: _____ Boy ☐ Girl ☐ Age: _____ Grade: _____ DOB:(m/d/y) _____

Please indicate any allergies, learning or physical disabilities, or other information which we should be aware of for this clubber.

Liability release:

I understand that my child may participate in physical activities such as those held during club 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, Calvary Bible Church and any persons involved in the Awana club ministry.

Please sign to acknowledge the above statement: _____ Date: _____

Medical release:

In the event of an emergency that requires immediate medical treatment for my child, I understand that every attempt will be made to contact me or my emergency contacts. However, if we cannot be reached I am indicating consent to provide proper medical care to my child. In serious cases I give permission for Calvary Bible Church to call 911 and or transport my child to the nearest hospital for treatment. I assume responsibility for all costs associated to any treatment of my child.

Please sign to acknowledge the above statement: _____ Date: _____

Emergency contacts: (different than the parent/guardian info on the registration page)

Contact Name: _____ Relationship to child _____

Phone _____ Alt. phone _____

Contact Name: _____ Relationship to child _____

Phone _____ Alt. phone _____

Photo use:

By signing below, you are giving Calvary Bible Church permission to photograph or record your child's involvement in the Awana club activities. Your child's image may be used in Calvary Bible Church's future promotional materials which could include the following: printed photos, website and social media.

Please sign to acknowledge the above statement: _____ Date: _____

Alternate child pick up: (The following are alternate adults (18+) that have permission to drop off and pick up my child from the Awana club. Different than the parent/guardian info on the registration page)

Contact Name: _____ Relationship to child _____

Contact Name: _____ Relationship to child _____

Contact Name: _____ Relationship to child _____