AWANA Registration Form

Faith Community Church – 2024/2025 AWANA Year

Clubber's Name _____ *Age* _____ *Birth Date* _____

Street Address _____ *Phone* _____

City _____ *State* _____ *ZIP Code* _____

E-Mail address _____

Parent(s) Name and Business or Cell Phone _____ _____

_____ _____

Sex (Circle one) M F School Grade (Circle one) Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Emergency Names and Phone Numbers (Other than those listed above) _____

_____

If Clubber Attends Church, Name of Church: _____
If Visitor, How did you hear about our AWANA Club? _____

Permission and Acknowledgement of Risk and Waiver
September 1, 2024 to August 31, 2025

List any current:

Allergies _____
Physical Limitations _____
Medications _____

Does Clubber have any Special Needs that out Staff need to be aware of in order to better serve your child?

_____

Parents – Please Read and Sign the Following:
Believing that the spiritual and educational benefits of my child far outweigh the risks of the activities sponsored by Faith Community Church and the Faith Community Church AWANA Club, I agree to the following:

- I agree to waive any and all rights and claims for damages that I or my spouse may have against Faith Community Church and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participants arising directly or indirectly from the activities sponsored;
- I further agree that, in the event that I, my spouse, the participant or another child in my care should make any claim against Faith Community Church for damages, injury, or loss arising directly or indirectly out of a youth activity, or personally indemnify, defend and hold harmless Faith Community Church and its agents, employees, and representatives against any and all such injury, damage, or loss; and,
- I authorize Faith Community Church or their representative to obtain any medical treatment for the participant that should appear to be necessary during an activity, and will be responsible for the payment of expenses pertaining to such illness or injury.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian: _____ Date: _____