

Contact Information and Registration 2017 – 2018



Parent / Guardian Name(s):	Home Church:		
Address:	City:	State:	Zip:
Phone Number(s):			
Email Address(es):			

Riding with (authorized alternate pickup): ______

(Cubbies: 2 yrs before Kindergarten / Sparks: K - 2nd / T & T: 3rd - 5th) Circle one for each category:

		Membersh	ain	Book		Unifo	rm	Bag (optic	onal)	Total
(1) Clubber Name	Birthday	Cubbies \$; ;12	Cubbies	\$11	Cubbies	s \$12	Cubbies	\$8	
Medical Conditions / Allergies	Grade/Age		23 26	Sparks H W T&T	\$ \$11 \$11 None	Sparks T&T	\$12 \$17 None	Sparks T&T No	\$7 \$9 one	\$
(2) Clubber Name Medical Conditions / Allergies	Birthday Grade/Age		\$12 523	Cubbies Sparks H W	-	•	\$12	Cubbies \$8 Sparks \$7	\$	
Medical Conditions / Allergies	Graue/Age	Т&Т \$	\$26	T&T	\$11 None	T&T	\$17 None	T&T N	\$9 one	
(3) Clubber Name	Birthday		\$12 523	Cubbies Sparks H W	\$11 'S \$11	Cubbies Sparks	•	Cubbies Sparks	\$8 \$7	ć
Medical Conditions / Allergies	Grade/Age		26	Т&Т	\$11 None	T&T	\$17 None	T&T	\$9 one	\$
								Тс	otal:	\$

I will support the AWANA staff in requiring that my child show respect for other people and show respect for other's property. I understand that my child(ren) may participate in physical activities such as those held during Game Time, and understand there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Oak Grove Church and any persons involved in the AWANA Club ministry. I also give permission for medical attention to my son/daughter in the case of an accident or medical emergency. I realize that I will be contacted at the earliest possible moment if such an emergency arises. I also give permission for photos of my child(ren) to appear among other general club photos used for the end of year video or church website, as long as there is no identifying information shown.