



**REGISTRATION FORM
2018-19**

For Office Use Only:

Handbook Ordered/Paid __\$11

Uniform Ordered/Paid _____

Uniform Sizes:

Cubbie 8 -10 \$11

Sparks 10-12-14-16 \$12

T & T Adventure

Youth Sm - Youth Med \$16

Adult Sm - Adult Med \$16

T & T Challenge

Youth Sm - Youth Med \$16

Adult Sm - Adult Med \$16

Dues for 1 Year Paid _____ \$14

Child's Name _____ Current Grade _____

Child's age _____ Date of birth _____

Name of parent(s) _____

Street Address _____

City _____ State _____ Zip _____

Home telephone () _____

Parent/caregiver's cell phone () _____

Home e-mail address _____

Home church _____

<p>Allergies or other medical conditions _____</p> <p>_____</p> <p>In case of emergency, contact _____</p> <p>Phone _____</p> <p>Relationship to child _____</p>
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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, East Gate Alliance Church and any person or persons involved with the AWANA Club Ministry.

2) In the event of an emergency that requires medical treatment for the above named child, I understand every reasonable effort will be made to contact me or my emergency designate. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.

3) I grant permission for photo(s) and/or video of my child, who will not be identified by name, to be used by this AWANA and church for public relations.

I have read and agree to the Terms and Conditions stated above.

Signature of Parent/Guardian

Date

Please print and complete this form and return to church.