CHILD'S INFORMATION Child's First Name: _____ Child's Last Name: _____ Birth Date: _____ Age: ____ Current Grade: ____ Circle one: Male Female Allergies or Concerns: Circle One Shirt Size: Youth XS / S / M / L Adult Womens M / L / XL / 2XL Adult Mens M / L / XL / 2XL **CHILD'S INFORMATION** Child's First Name: _____ Child's Last Name: ____ Birth Date: _____ Age: ____ Current Grade: ____ Circle one: Male Female Allergies or Concerns: Circle One Shirt Size: Youth XS / S / M / L Adult Womens M / L / XL / 2XL Adult Mens M / L / XL / 2XL PARENT/GUARDIAN INFORMATION Parent/Guardian Name(s):______ Email Address: Best Contact Phone Number:_____ Mailing Address: City:_____ State:___ Zip:____ **TERMS AND CONDITIONS** YES I understand that Awana Club requires an involved grown up to encourage clubbers to NO accomplish handbook activities during the week for the best Awana experience. YES I understand Club ends at 8 PM and will make every effort to pick up my child on time. NO YES NO I grant permission for photo of my child to appear for promotional purposes in items like in-house presentations, church website, brochures, etc., as long as there is no identifying information show.

I understand every effort will be made to contact me. However, if I/we cannot be reached, I give my permission to the AWANA volunteer to secure the services of a license 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.	
VOLUNTEERING – All parents/guardians are encouraged to volunteer as much as they are able. Include in this area when and where you prefer to volunteer:	e
Optional (circle one)— Shirt size for volunteers: Adult Women's M/L/XL/2XL Adult Men's M/L/XL/ 2XL	_
TUITION – Cost of tuition for the year per clubber is \$50.00. This covers the cost of books, uniforms, bags, teaching supplies, Grand Prix kits, and other supplies needed to run the FCC Awana club.	
Number of clubbers attending: x \$50.00 each = \$	
Signature of Parent/Guardian Date	_

In the event of an emergency that requires medical treatment for the above named child,

YES

NO