

AWANA Club Registration Form

Fall, 2017

Northview Bible Church
 13521 North Mill Road
 Spokane, WA 99208
 509-466-1770

Please print & complete all information

Parent(s): _____
 Address: _____
 City/State/Zip: _____

Home #: _____
 Cell #: _____
 Text #: _____

Emergency contact during club time (other than parent) Parents
 Name: _____ Home Email: _____
 Phone #: _____ Home Church: _____
 Invited By: _____

Clubber Information

*AWANA is for children in Kindergarten through 6th Grade

***Cubbies (3 & 4 yr olds) is for the children of parents who are volunteering in Awana**

Child's Name (First & Last)	Birthdate	Grade	Last Awana Book Finished	Gender
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F

Medical Information (food allergies, other allergies/medicines/special needs)

Any special needs or learning disabilities (IEP): _____
 Doctor's Name & Phone #: _____

I am interested in helping: *All volunteers must submit to Northview's conditions of service & a background check before working with children.

- | | | |
|--|---|---|
| Club: <input type="checkbox"/> Cubbies (3&4 year olds) | Area: <input type="checkbox"/> Group Leader | <input type="checkbox"/> Games |
| <input type="checkbox"/> Sparks (K-2nd grade) | <input type="checkbox"/> Listener | <input type="checkbox"/> Set Up / Tear Down |
| <input type="checkbox"/> T&T (3rd-6th grade) | <input type="checkbox"/> Substitute | <input type="checkbox"/> Door Guard |
| <input type="checkbox"/> Director or Council Time Leader | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Nursery |

- 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, Northview Bible Church and any persons involved in the Awana Club ministry.
- In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I 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 financial responsibility for all costs connected to any accident or treatment of my child.

I have read and agree to the Terms and Conditions stated above: _____
Signature of Parent/Guardian Date

- YES NO (Circle one) I grant permission for photo(s) of my child to appear among general club photos as long as there is no identifying information shown. (Such as Awana bulleting board and year end video.)
- YES NO (Circle one) I grant permission for photo(s) of my child to appear on AWANA's social media as long as there is no identifying information shown.

If you have any questions, please call David or Courtney Burger at 466-3108.