



*For safety & insurance purposes we must receive a new form for each family every club year.*

**Parent/Guardian Information:**

**Contact Information:**

**\*Children should only be registered by parent/legal guardian**

Name(s):

Address:

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church: \_\_\_\_\_

Cell # \_\_\_\_\_ Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Name: \_\_\_\_\_

Email\*: \_\_\_\_\_

*\*We prefer to use email for most club communications so please list most frequently used email address.*

**Persons (other than parents) authorized to pick up the children from club: \*write "none" if applicable**

Name(s): \_\_\_\_\_

**Child(ren) Information:** (List each child on a separate line)

First Name	Last Name	Birth Date	Gender	Grade (2019/20)
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

**\*Cubbies (PreK4) require a parent/guardian to remain on campus for the duration of the club night.**

**\*\*NOTE: Cost for Cubbies Uniforms & books are \$32.00, for Sparks \$34.00, for T&T \$44.00 per child**

**If ANY child listed above has allergies or special needs please explain below:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**By signing below, I agree to the following:**

I understand that my child(ren) may participate in physical activities. As with any physical activity there is a risk of injury. I accept this risk and hold harmless from any legal liability, Hope Community Church of Metrolina and any persons involved in the Awana ministry. In the event of an emergency that requires medical treatment, I understand every effort will be made to contact me. If I cannot be reached, I give my permission to the Awana volunteers to secure the services of medical professionals to provide necessary care for my child. I assume responsibility for all costs connected to any accident or treatment of my child. I grant permission for my child(ren) to ride the Hope Community Church of Metrolina Van to and from the church each week. I grant permission for my child(ren)'s photos to be published on the club Facebook page without any identifying information. (Please strike through if this if you do not agree.)

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_