

Office Use ONLY

Clubber: _____



Awana Club Registration Form

Club Year: 2024-2025

- Please Print -

AWANA at York Springs Foursquare
 400 Main Street
 York Springs, PA 17372

<u>Parent/Guardian</u>	<u>Number/E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Ph: _____	_____
Address: _____	Work Ph: _____	_____
City: _____ State: _____ Zip: _____	Cell Ph: _____	_____
Family Church: _____	E-Mail _____	_____
Persons (other than parents) authorized to pick up children:		
_____	Emergency*: _____	_____
* Emergency Contact During Club Time (other than parent/guardian)		

<u>Child's Name (First, Middle, Last)</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Other Info</u>

<u>Medical Info (allergies, medicines, special needs)</u>	<u>Comments/Questions</u>
_____	_____
_____	_____
_____	_____
Doctor's Name & Ph: _____	_____
Dentist's Name & Ph: _____	_____

Terms and Conditions

- 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, York Springs Foursquare 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/we cannot be reached, I do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for my child's well-being while under the custody and control of York Springs Foursquare Church. I assume responsibility for all costs connected to any accident or treatment of my child.
- I grant permission for photo(s) of my child/children to appear among other general club photos that will be taken throughout the club year.
- I grant permission for my child to be transported by the church or private vehicle to/from Awana Club events held during the 2024-2025 Awana Club year. Any such event will be clearly communicated with me beforehand and will comply with the YSFS Child Protection Policy.

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

X _____

Signature of Parent/Guardian

Date

Would you like to be on a phone chain for weather cancellations? YES _____ NO _____

Registration Pd: \$ _____

Date: _____

Cash/Ck #: _____

Pd. Online: _____

Notes: