



Club Registration Form  
Cubbies/Sparks/T&T  
Club Year: 2009-2010

Cornerstone Church  
700 Washington Ave.  
Yuba City, CA 95991



Parent/Guardian:

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

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Family Church: \_\_\_\_\_

Persons (other than Parents) authorized to pick up children:  
\_\_\_\_\_

Emergency\* \_\_\_\_\_

\*Emergency contact during club time (other than parents)

<u>Child's Name (First, Middle, Last)</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I am interested in helping: \_\_\_ Weekly \_\_\_ Every other week \_\_\_ Monthly \_\_\_ For special events

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List Allergies and/or Special Medical Needs/Concerns: \_\_\_\_\_

**Terms and Conditions**

- 1) I will try to have my child attend AWANA regularly, so he/she will get the most out of the program.
- 2) I will encourage and help my child to achieve in handbook and other club activities.
- 3) I will make every effort to have my child brought to AWANA on time and picked up promptly.
- 4) I will support the AWANA leadership in club guidelines and standards of conduct.
- 5) 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, Cornerstone Church of Yuba City and any persons involved in the AWANA Club Ministry.
- 6) In the event of an emergency that requires medical treatment for the above child/children, I understand every effort will be made to contact me or my emergency contact. 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.
- 7) I grant permission for my child to travel to/from AWANA Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

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

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

**Office Use Only**

Fee #1 \_\_\_\_\_

Fee #2 \_\_\_\_\_

Fee #3 \_\_\_\_\_

Fee #4 \_\_\_\_\_

Fee #5 \_\_\_\_\_

Fee #6 \_\_\_\_\_

Total Due \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_