



**Awana Cubbies Registration** Last Name Initial: \_\_\_\_\_  
**Club Year 2018-2019**

*Cubbies is a 2 year program for kids ages 3-5 years old;  
the 2 years before they enter kindergarten.*

**Must be 3 years old & well potty-trained by 8/1/18**

**Cubbies Name: (First)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Boy or Girl** **Cubbies Year: 1<sup>st</sup> or 2<sup>nd</sup>**

**Main Contact Parent First & Last Name:** \_\_\_\_\_

**Phone:( )** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent 2 First & Last Name:** \_\_\_\_\_

**Phone:( )** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Supplies needed & cost (Circle ALL you are ordering)**

**Vest \$15**    **S**    **M**    **L**    **XL**    **Handbook \$15**    **Registration Fee \$12**    **\$** \_\_\_\_\_

**Optional items:**    **Handbook Bag \$8**    **Handbook Music CD \$10**    **\$** \_\_\_\_\_

**Paid Ck No.:** \_\_\_\_\_    **Total Due**    **\$** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other Important Info:** \_\_\_\_\_

***Are you available to help in the classroom Weekly? Monthly? (Circle availability)***

***Can you help with Special Events? List name(s) of parents*** \_\_\_\_\_

**Web Photo Release** – I hereby authorize Grace Community Church to use my child’s photograph and/or likeness on the church’s website, [www.gracekona.org](http://www.gracekona.org) and/or the Awana FB page, now and in the future without further notice or compensation. I understand that my child’s name, address, or any other information about my child will not be used on the sites. This consent may be withdrawn at any time by contacting the church office. I have read and agree to the statement above.        \_\_\_\_\_ yes        \_\_\_\_\_ no

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



# AWANA AWANA 2018-2019

## Clubber Medical Release and Authorization Form

**(List ALL FAMILY on one form)**

Clubber(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) or Guardian Name(s): \_\_\_\_\_

Main Contact Parent Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent 2 Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Person(s) authorized to pick up minor: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Minor's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Minor's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Specific medical allergies, chronic illnesses, and/or other conditions of minor, if any. If "none," so state:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Authorization:** I understand that I will be notified in the case of a medical emergency, as soon as possible given the circumstances of the emergency. However, in the event that I cannot be reached, I authorize Grace Community Church, the Awana Commander, and/or volunteers present with my child to contact any medical personnel necessary to properly evaluate the condition. In addition, I further authorize Grace Community Church the Awana Commander, and/or any volunteer present with my child, to consent to the provision of emergency medical care, including necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care, as recommended by medical professionals. I understand that Grace Community Church will not be responsible for any medical expenses incurred on the basis of this authorization.

**Waiver & Release:** As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. Additionally, I understand that activities may involve active games, outdoor activities, occasional off-site field trips, etc. I understand that my child's participation in these activities, as well as those program-related activities not listed, may expose him/her to known danger as well as unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Church, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage my child may inflict or suffer while participating.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Revised: July 30, 2018