



**Creekside Christian Church of Elk Grove**  
**Awana Clubs**  
**2018-2019 Registration**

For Office Use Only	Page ___ of ___
Reg date	___/___/20___
Form of Pmt	_____
Amt Pd	<input checked="" type="checkbox"/>
F1 date	<input checked="" type="checkbox"/>

**Clubber Information**

1	Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age _____ Birthday ___/___/20___				
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	Your child would like to be with: Friend _____ Leader _____				
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<b>Annual Registration Fees:</b> 1 child=\$45, 2=\$90, 3=\$125, 4=\$160 (\$35 for each additional) Puggles: Free		Total # of children: _____	Total reg fees \$ _____		
			Add'l donation to scholarship fund \$ _____		
* Nursery-Puggles is available at no cost to Awana volunteers who will be on campus during club. ** To participate in Cubbies, child must be age 3 by 9/1/18, potty-trained, and fully independent in the bathroom.		<b>Make checks payable to:          Creekside Christian Church</b>			

Please complete reverse for Trek or Journey. Please complete additional form for additional children/students.

**Family Information**

Dad's Name \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Dad's E-mail \_\_\_\_\_  Not living with child

Mom's Name \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Mom's E-mail \_\_\_\_\_  Not living with child

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Church:  Creekside Christian Church  Other \_\_\_\_\_  None

My child(ren) attended Awana somewhere else last year. This is the church name and city so that Creekside may retrieve their records: \_\_\_\_\_

Awana works best by partnering with parents in ministry. I or my spouse can commit to...  Listener/Substitute  One-time events (e.g. Grand Prix)

Other: \_\_\_\_\_

**Authorized Pick-Up**



*Other than parents and emergency contact, these people are allowed to pick up my child(ren):*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please complete form on the reverse**



**Student Information**

1 Student's Name \_\_\_\_\_  Boy  Girl Age \_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

  7<sup>th</sup>  8<sup>th</sup>   9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> Student's email \_\_\_\_\_

Allergies, medical conditions, limitations \_\_\_\_\_  
 Student would like to be with: Friend \_\_\_\_\_ Leader \_\_\_\_\_

2 Student's Name \_\_\_\_\_  Boy  Girl Age \_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

  7<sup>th</sup>  8<sup>th</sup>   9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> Student's email \_\_\_\_\_

Allergies, medical conditions, limitation s \_\_\_\_\_  
 Student would like to be with: Friend \_\_\_\_\_ Leader \_\_\_\_\_

**AWANA PARTICIPATION AGREEMENT**

**Activity Information** (to be completed by the activity sponsor, Creekside Christian Church)  
 Name of sponsor's coordinator: Sherry Ju Telephone: (916) 685-4821 ext. 107  
 Activities include but are not limited to: running, jumping, eating, arts, and crafts, small group activities  
 Date(s) and location of activity: Awana 8/22/18 – 5/8/19 Creekside Christian Church

**Participation Information** (to be completed by participant or authorized parent / guardian)

Name of participant: All referenced above (Clubber and/or Student Information)

Name, Address, Email of parents / guardians: All referenced above (Family Information)

Name of emergency contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

List allergies, medical conditions or limitations: All referenced above (Clubber and/or Student Information)

Is sponsor authorized to approve medical treatment? (Circle one) YES NO

Is participant(s) covered by personal / family medical insurance? (Circle one) YES NO

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

**Participation Agreement**

I acknowledge that participation in the activity described above involves known & unknown risks to the Participant (and to the Participant's parents or guardians, if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent / guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent / guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the Activity as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Activity Sponsor".) Further, the Participant (or parent / guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent / guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent / guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I do **not** authorize Creekside Christian Church to publish photos of my child(ren) on its website and brochures for promotional purposes.

I do **not** authorize Creekside Christian Church to use photos of my child(ren) for safety purposes and/or record-keeping.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_