



# Awana Clubs at Trinity Fellowship

## Registration Form

(2011 - 2012)

Mother's Name: \_\_\_\_\_  
First Last

Father's Name: \_\_\_\_\_  
First Last

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

Home Phone Number \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Where you can be reached during club hours: \_\_\_\_\_

Name of Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Registration Fee for Returning and Transfer clubbers only:

1 child - \$15.00     Family Max. - \$30.00    Date Paid: \_\_\_\_\_ Check: \_\_\_\_\_

I am interested in joining the Awana ministry as a:     Leader     Listener     Helper     Other

**Please complete the release information section on the reverse side of the form.**

Available Clubs:	<b>Truth &amp; Training</b>	<b>Truth &amp; Training</b>		<b>Trek 24/7</b>	<b>Journey 24/7</b>
	<b>Cubbies</b>	<b>Sparks</b>	<b>SMOG (boys)</b>	<b>FOG (girls)</b>	<b>Trek 24/7</b>
	(3-4 yr. Old)	(5-7 yr. Old)	(8-11 yr. old)	(8-11 yr. old)	(Jr. High)
	(pre-K)	(K - 2 <sup>nd</sup> )	(3 <sup>rd</sup> - 6 <sup>th</sup> )	(3 <sup>rd</sup> - 6 <sup>th</sup> )	(7 <sup>th</sup> - 8 <sup>th</sup> )
					(High School)
					(9 <sup>th</sup> - 12 <sup>th</sup> )

**1. Child's Name:** \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Grade: \_\_\_\_\_    Club: \_\_\_\_\_

**2. Child's Name:** \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Grade: \_\_\_\_\_    Club: \_\_\_\_\_

**3. Child's Name:** \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Grade: \_\_\_\_\_    Club: \_\_\_\_\_

**4. Child's Name:** \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Grade: \_\_\_\_\_    Club: \_\_\_\_\_

**5. Child's Name:** \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Grade: \_\_\_\_\_    Club: \_\_\_\_\_

## Parental Release Form

I hereby grant uniformed leaders of the Awana Program at Trinity Evangelical Free Church (Charter Number 12618) permission to transport my child, whose name is listed on the reverse side of this form, and obtain emergency medical care in the case of injury or illness during club hours or immediately prior to or after club hours, or during special club events. I understand that club leaders will try to contact me in the event of illness or emergency, but are free to use their own judgment in seeking medical attention if I am not immediately available.

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Parent's Name

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Parent's Signature

Date

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Insurance Carrier

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Group Policy Number

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Confirmation Phone Number

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Preferred Hospital (if any)