



Awana Clubs at Trinity Fellowship

Registration Form

(2015 - 2016)

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 - \$20.00 Family Max. - \$40.00 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:	Truth & Training	Truth & Training			
Cubbies	Sparks	SMOG (boys)	FOG (girls)	Trek 24/7	Journey 24/7
(3-4 yr. Old)	(5-7 yr. Old)	(8-11 yr. old)	(8-11 yr. old)	(Jr. High)	(High School)
(pre-K)	(K - 2 nd)	(3 rd - 6 th)	(3 rd - 6 th)	(7 th - 8 th)	(9 th - 12 th)

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.

Parent's Name

Parent's Signature

Date

Insurance Carrier

Group Policy Number

Confirmation Phone Number

Preferred Hospital (if any)