

**Awana Clubber Registration**

**RBC Awana**

**Club Year: 2011-2012**

**- Please Print -**

2720 Lilly Rd  
Brookfield, WI 53005

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	E-Mail: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
_____	Emergency*: _____	_____

\* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Terms and Conditions**

- 1) 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, Ridgewood Baptist Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named 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.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

**Office Use**

PLEASE FILL OUT FEE SCHEDULE ON BACK OF FORM.

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

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

# Awana Club 2011-2012 Fee Schedule

**All Clubs**

**Quantity**

Annual Registration Fee      \$40.00      \_\_\_\_\_      \$ \_\_\_\_\_  
 \*\$120.00 maximum per family

**Cubbies Ages 3 & 4**

Handbook                              \$18.00      \_\_\_\_\_      \$ \_\_\_\_\_

Uniform                                 \$12.00      \_\_\_\_\_      \$ \_\_\_\_\_

**Sparks Grades K-2**

Handbook                              \$18.00      \_\_\_\_\_      \$ \_\_\_\_\_

Uniform                                 \$12.00      \_\_\_\_\_      \$ \_\_\_\_\_

Book Bag (optional)                 \$6.00      \_\_\_\_\_      \$ \_\_\_\_\_

**T&T Grades 3-6**

Handbook                              \$18.00      \_\_\_\_\_      \$ \_\_\_\_\_

Uniform                                 \$16.00      \_\_\_\_\_      \$ \_\_\_\_\_

**Adopt-a-Club (Ukraine)**      \$5.00      \_\_\_\_\_      \$ \_\_\_\_\_  
 (Optional)

**Family Meals - Optional**

Suggested donation                      \_\_\_\_\_ # of kids X \$43.50      \$ \_\_\_\_\_  
 (29 meal nights)

\$1.50 per child per meal                \_\_\_\_\_ # of adults X \$87.00      \$ \_\_\_\_\_

\$3.00 per adult per meal

Date Fee Received \_\_\_\_\_ Check # \_\_\_\_\_ Total \$ \_\_\_\_\_

Make Checks Payable to Ridgewood Baptist Church

Return forms to:      Ridgewood Baptist Church/AWANA  
 2720 N Lilly Rd  
 Brookfield, WI 53005

\*Financial Assistance – available upon request