

**CIRCLE WHICH CLUB YOUR CHILD WILL ATTEND:**

***CUBBIES (3-5 yrs old)      SPARKS (K-2<sup>nd</sup> grade)      T&T Club (3<sup>rd</sup>-6<sup>th</sup> grade)      24-7 TREK/24-7***

**AWANA CLUBS REGISTRATION AND RELEASE FORM**

*Sponsored by Gladstone First Baptist Church  
6125 Caldwell Road – Gladstone, Oregon 97027-1531 – 503-654-7728  
September 9, 2010 through May 4, 2011*

Please print in Ink

Child's Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Alternate or Cell Phone \_\_\_\_\_

Church Attending \_\_\_\_\_ Other Children in Awana \_\_\_\_\_

Your Medical Insurance Co. & Policy # \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

***Please note special medical conditions, food allergies, medications here:***

***In case I cannot be contacted during an emergency, the best available alternate contact person is:***

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Check here if you DO NOT want your child's picture used for multi-media presentations for Awana or for GFBC.

**PARENT/GUARDIAN AGREEMENT:**

We the undersigned parents/guardians of the above named child grant permission for our child to participate in the various outings, or any other event sponsored or attended by GLADSTONE FIRST BAPTIST CHURCH AWANA MINISTRY. We as parents/guardians have been advised of the nature and extent of the activities that may take place and represent to you that the child is physically and mentally able to participate in those activities.

We, as parents and guardians, understand that this activity, as in any activity for children, does present the risk of injury, or even death, to the child, rare as they may be, and we have advised the child of those possibilities. We represent to you that we and the child assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the child in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If we, as parents/guardians, are not personally present at these activities in which the child is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the child.

**PARENT/GUARDIAN SIGNATURE:**

X \_\_\_\_\_ Date \_\_\_\_\_



**2010 CLUB FEE INFORMATION**

***New this year: All-inclusive fee!***

New to Cubbies, Sparks or TnT: \$62  
(includes: uniform, book, dues for year)

Returning to Cubbies, Sparks or TnT: \$46  
(includes: book, dues for year)

Sibling Discount: \$5.00 off