

Registration for Gladstone First Baptist Church AWANA CLUBS 2018-19

Church address: 6125 Caldwell Road, Gladstone, Oregon 97027 Phone: 503-654-7728

**Mailing address: P.O. Box 5, Gladstone, OR 97027 - website: <http://gfbcfamily.org>**

Release effective from **September 12, 2018-May 8, 2019**

**PLEASE CHECK WHERE YOUR CHILD WILL PARTICIPATE:**

**CUBBIES**

PRESCHOOL- 3-5 YRS.

Must be 3 yrs old by Sept.1

NEW TO CUBBIES= \$60

RETURNING TO CUBBIES = \$45

1. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

**SPARKS**

K-2ND GRADE

NEW TO SPARKS= \$60

RETURNING TO SPARKS= \$45

1. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**T&T**

3RD-6TH GRADE

NEW TO T&T= \$60

RETURNING TO T&T= \$45

1. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Medical & Emergency Information**

Tetanus shots up to date for all children listed? **Y N**

**Please list any allergies, medications or medical conditions** that we should know about (please specify child's name): \_\_\_\_\_

In case of emergency, and a parent cannot be reached, please list the next available person to call:

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

**Parent Informaion**

Parent/Guardian Name: \_\_\_\_\_

Best contact phone# \_\_\_\_\_ Other phone # \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Email address \_\_\_\_\_

Do you have a home church? Yes or No -If so, name of church \_\_\_\_\_

Please list anyone who is NOT authorized to pick up your child: \_\_\_\_\_

| #KIDS                       | DISCOUNT |
|-----------------------------|----------|
| 2                           | \$10     |
| 3                           | \$15     |
| 4                           | \$20     |
| 5                           | \$25     |
| 6                           | \$30     |
| <b>Worker Discount=\$20</b> |          |

**Family Total**

CUBBIES \_\_\_\_\_

SPARKS \_\_\_\_\_

T&T \_\_\_\_\_

LESS DISCOUNT \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

**Scholarship forms will be made available .**

**Payment Received:**

Check Cash Other

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Please, turn form over to sign release.**



**Please Sign: Parent/Guardian Agreement & Release:**

We the undersigned parents/guardians of the above named child/children grant permission for our children to participate in the various activities, or any other event sponsored or attended by GLADSTONE FIRST BAPTIST CHURCH. We as parents or guardians have been advised of the nature and extent of the activities that may take place and represent to you that the child/children is/are 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/children, rare as they may be, and we have advised the child/children of those possibilities. We represent to GLADSTONE FIRST BAPTIST CHURCH that we and the child/children assume the risk of any such injury or death and hold GLADSTONE FIRST BAPTIST CHURCH, its agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the child/children 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/children is/are 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/children.

Gladstone First Baptist Church has my permission to use my or my child's photograph publicly to promote the AWANA club. I understand that the images may be used in print publications, online publications presentations websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian Signature:**

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

**Parent/Guardian Name PRINTED:**

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