



Appleton Community Evangelical Free Church

2490 W Capitol Drive
Appleton, WI 54914
(920) 735-9971



**AWANA
Registration Form**

Family Information

Parent/ Guardian First and Last Name(s): _____

Address: _____ **City, State, Zip:** _____

Phone number(s): _____

Email(s): _____

*email is our primary communication for reminders and updates

Child 1: First Name: _____ Last Name: _____ Gender: male female

CLUB (circle): *T&T (grades 3-6)* *Sparks (K-2)* *Cubbies (ages 3-5)* *Puggles (for children of leaders only)*

Birthdate: ____/____/____ **Age:** ____ **Grade in Fall:** ____ **Medical or Special Concerns (include allergies):**

Child 1: First Name: _____ Last Name: _____ Gender: male female

CLUB (circle): *T&T (grades 3-6)* *Sparks (K-2)* *Cubbies (ages 3-5)* *Puggles (for children of leaders only)*

Birthdate: ____/____/____ **Age:** ____ **Grade in Fall:** ____ **Medical or Special Concerns (include allergies):**

Child 1: First Name: _____ Last Name: _____ Gender: male female

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Birthdate: ____/____/____ **Age:** ____ **Grade in Fall:** ____ **Medical or Special Concerns (include allergies):**

Emergency Contact Information:

Name: _____ **Relationship:** _____ **Phone number:** _____

OVER

Liability Release and Emergency Medical Treatment Agreement

I give my consent for my child(ren) _____

List All Names

to participate in the AWANA club at Appleton Community Evangelical Free Church. I waive and release all rights and claims for damage whatsoever they may be against Appleton Community Evangelical Free Church, including all staff and volunteer workers. I understand and do hereby agree to assume all of the risks and other related risks which may be encountered by my son/daughter participating in AWANA. In case of medical emergency, I give permission to the physician/hospital selected by those in charge of the activity to secure proper treatment for my child named above at parent's expense.

I also consent to the use, public or display by or on behalf of Appleton Community Evangelical Free Church of any photographs and any reproduction thereof or any video or voice recordings in which my minor child(ren) may be portrayed or identified. I waive all claims for any compensation from use of any of the aforementioned media.

Parent/Legal Guardian Signature: _____ Date: _____

Awana Registration Fees	Quantity	x	Subtotal
DUES per child-----\$40 (Includes handbook, Awards, Awana Grand Prix, Patches, etc.) *Non-refundable		x \$40= (per child)	
Puggles (For Leaders children only)			
Puggles t-shirt (Circle: 2T, 3T, 4T, 5T, 6T-----)(cost included in dues)		---	0
Cubbies (Ages 3-4) *child must be potty trained			
Cubbies Vest (Circle size: S, M, L, XL, XXL) -----		x \$11=	
Optional Tote Bag:-----		x \$7=	
Sparks (Grades K-2)			
Sparks Vest (Circle Size: S, M, L, XL, XXL)-----		x \$11=	
Optional Tote Bag:-----		x \$7=	
Truth and Training (T&T) (Grades 3-6)			
Uniform shirt (Circle: Green 3rd-6th grade OR Blue 5th-6th grade, blue optional) (Circle Size: YS, YM, YL, AS, AM, AL, AXL, AXXL) -----		x \$16=	
Optional Sling Bag:-----		x \$9=	
Early Bird Discount			
Early Registration Discount \$5 per clubber if registered before August 1st .		x (-5)=	
Additional donation to reach children around the world (\$10= 1 child) -----			
TOTAL -----			

Family Serving:* We need your support and help to fulfill the vision of this ministry!

I/We _____ would be willing to serve (circle):

Weekly Monthly Alternate Weeks Occasionally

I/We would like to serve as: _____ leader _____ sub leader _____ infants

_____ special events _____ set-up chairs after club _____ other: _____

***We will also ask that each family serve in our Awana Store at least once and consider signing up to donate snacks. A sign-up will be emailed at the start of the year and throughout the year.**