



# REGISTRATION & RELEASE FOR K-2ND GRADERS



Visit [countryoaks.org](http://countryoaks.org) for our other kid programs!

*Space is limited and some children may go on a waiting list.*

## CLUBBER INFORMATION

			M / F	/ /	
Clubber Last Name	First Name	Middle Initial		Birthdate	Grade
Parent(s)/ Guardian Name					
Address	<i>Please change if different</i>	City: Tehachapi	State: CA	Zip: 93561	
Mom's Cell Number			Dad's Cell Number		
Does your family have a church home? Y N Name of Church: _____					

## MEDICAL INFORMATION

Medical Insurance Carrier	Policy Number
Doctor's Name	Phone Number
Allergies/Medications/Additional Medical Information	
<input type="checkbox"/> Not Currently Insured. I understand that I am responsible for all medical costs due to medical treatment obtained for my child.	

## FEES & CLUB GEAR

Sparks Registration: **\$50/Clubber**  
 Sparks Uniform (Required): **\$15**  
 Sparks Handbag (Optional): **\$7**  
 Extra Credit Frequent Fyler Book: **\$10**

My Sparkie has a vest       My Sparkie needs a size S(6) M(8) L(10)  
 My Sparkie would like a Handbag  
 My Sparkie would like a Frequent Flyer    Hang Glider    Wing Runner    Sky Stormer

## LIABILITY RELEASE

Pick Up Authorization: *The following individual(s) are UN-authorized to pick up my child.*

\_\_\_ 1) I understand that my child 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 Country Oaks Baptist Church and any persons involved in the AWANA Club Ministry.

\_\_\_ 2) In the event of an emergency that requires medical treatment for the child named above, I understand every effort will be made to contact me. 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 give permission for photo(s) of my child to appear among other general club photos with no identifying information shown in various Country Oaks Baptist Church publications. I also give permission for identifying information to be shown with the photo in the case that my child is selected as the Clubber of the Month to be shown in the AWANA Sunday video during COBC's church services only.

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

Signature of Parent or legal Guardian	Date
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CLUB USE ONLY

EARLY REGISTRATION: Y N	WAITING LIST # _____	DISCOUNT: AS MC	PAYMENT DATE: _____
REG. FEE: \$ _____ + UNIFORM/BOOK: \$ _____ + OTHER: \$ _____ - DIS: \$ _____ = \$ _____		CASH	CHECK # _____