



# Registration Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone: Home \_\_\_\_\_ Emergency \_\_\_\_\_

Email \_\_\_\_\_

### Alternate Pick-Up List:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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In the event of illness or injury to my child(ren), I hereby consent to medical care including but not limited to x-rays, examination, anesthetics, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child(ren). It is understood and agreed that the resulting expenses will be the responsibility of said child's parent/guardian. I hereby waive all claims against South Coast Fellowship, staff and volunteers from injury, illness, or death occurring during an AWANA Club Event and/or field trip at South Coast Fellowship.

Parent(s)/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please List any allergies or illnesses \_\_\_\_\_

### The package you are purchasing for your child(ren) includes: Book and a Vest (or Club Shirt):

<b>Puggles</b> (Age 2)	<input type="checkbox"/> One Size	.....	<b>\$36.00</b>
<b>Cubbies</b> (Pre-K)	<input type="checkbox"/> X-Large - 8	.....	<b>\$36.00</b>
<b>Sparks's</b> (K-2nd)	<input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	.....	<b>\$36.00</b>
<b>T&amp;T (3rd - 4th)</b>	<input type="checkbox"/> 14 - Adult Small	.....	<b>\$30.00</b>
<b>T&amp;T Ult. (5th - 6th)</b>	<input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small	.....	<b>\$35.00</b>
<b>Trek</b> (Jr. High)	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med	.....	<b>\$30.00</b>
<b>Registration Fee</b> (per child)		.....	<b>\$10.00</b>
<b>Dues are \$0.50 weekly or \$14.50 yearly</b>		.....	<b>\$ _____</b>