

FALL 2011 AWANA REGISTRATION and MEDICAL RELEASE FORM

DATE FILLED OUT: _____

Please note: Parents are responsible for ensuring that Calvary Chapel Beachside has the most current information regarding their child(ren).

A new medical registration card must be filled out at the beginning of each AWANA Club year (or if there are any changes to the following: Insurance provider, doctor, meds used, emergency contacts, phone numbers, etc...) and placed on file.

#1 Child's Name: _____ M / F (circle one) Birthdate: _____ Grade: _____

#2 Child's Name: _____ M / F (circle one) Birthdate: _____ Grade: _____

#3 Child's Name: _____ M / F (circle one) Birthdate: _____ Grade: _____

ADDRESS: _____
Street Apt. #

CITY: _____ STATE: CA ZIP: _____

HOME PHONE: (____) _____

PARENT / GUARDIAN CONTACT INFORMATION:

Parent / Guardian Name(s): _____ E-mail address: _____

Mom's Cell Phone: (____) _____ Dad's Cell Phone: (____) _____

Insurance Co.: _____ Policy #: _____ Name of Policy Holder: _____



Do you know of any health factor(s) that make it advisable for your child(ren) to follow a limited program of physical activity? Yes ___ No ___

If yes, please explain: _____

Emergency Contact Name: _____ Relationship: _____ Phone (____) _____

HEALTH HISTORY: To protect your child from possible embarrassment, but not to exclude him/her from the Program, please list any health concerns that we should be aware of.

Food Allergies: _____ Drug Allergies: _____ Other: _____

Heart Defect/Disease _____ History of Seizures/Convulsions _____ Bleeding/Clotting Disorder _____ Operations/Serious Injuries _____

Diabetes _____ Chicken Pox _____ Measles _____ Mumps _____ Date of Child's last tetanus shot: _____

Please list any other health concerns: _____

Name and phone of your Child(ren)'s regular physician: Dr. _____ Phone#: (____) _____

Please list any medication that your child takes regularly: Medication (s): _____

**In the event of a minor illness or injury (such as cold; headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Children's Director (or his/her representative), R.N. or EMT to give my child(ren) common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

The health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Children's Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child(ren) and to order injections and/or anesthesia and/or surgery for my child(ren) named above. It is understood that a conscientious effort will be made to notify me before such action is taken. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the Awana Club year with Calvary Chapel Beachside unless sooner revoked in writing. I further agree that Calvary Chapel Beachside, its Board of Directors, officers, staff, and volunteers are hereby relieved of all liability in the event of accident or injury to said Minor(s).

Parent/Guardian Signature: _____ Date: _____



Fall 2011 Awana Order Form



Last Name _____

#1 Child's Name _____ Club: Cubbies (Pre-K), Sparks (K-2), Truth & Training (3rd – 6th)
(Circle One)

#2 Child's Name _____ Club: Cubbies (Pre-K), Sparks (K-2), Truth & Training (3rd – 6th)
(Circle One)

#3 Child's Name _____ Club: Cubbies (Pre-K), Sparks (K-2), Truth & Training (3rd – 6th)
(Circle One)

#4 Child's Name _____ Club: Cubbies (Pre-K), Sparks (K-2), Truth & Training (3rd – 6th)
(Circle One)

1. **UNIFORMS:** Uniforms are purchased before a child has completed their "Entrance Booklet" (free).
They will not, however, receive their uniform until the "Entrance Booklet" is completed.

Cubbies Vest	Size (They run small)	Quantity	Price	Total
M (5), L (6), XL (8)			\$12.00	\$
Sparks Vest	Size (They run small)	Quantity	Price	Total
L (10), XL (12), XXL (14)			\$12.00	\$
T & T T-Shirt	Size (They run small)	Quantity	Price	Total
Child 12, 14, 16, or Adult S, M, L, XL			\$15.00	\$

2. **BOOKS:** Handbooks should be purchased before a child has completed the free entrance booklet.
However, the handbook is not presented until the entrance booklet has been completed.

Club	Book name or number (circle)	Quantity	Price	Total
Cubbies	Fall 2011- Jumper		\$9.00	\$
Sparks	#1- Hang Glider #2- Wing Runner #3- Sky Stormer		\$11.00	\$
T & T	#1, #2, #3, #4		\$9.00	\$

3. **FAMILY DUES:** Dues are for the Awana year September 2011- May 2012.



\$10 per child	\$
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4. **OPTIONAL ITEMS:** Great for carrying your Bible and Awana Book to club each week!



Item	Club (circle)	Quantity	Price	Total
Book Bag	Cubbies, Sparks, T & T		\$6.50	\$

5. **GRAND TOTAL:** Please make all checks payable to: **Calvary Chapel Beachside**

Total of all uniforms, books, dues and optional items.	\$
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