



REGISTRATION FORM 2024-2025 SEASON

Family's Last Name _____

- 1) First Name _____ Cubbies (Pre-K) Sparks (K-2) T&T (3rd – 6th)
- 2) First Name _____ Cubbies (Pre-K) Sparks (K-2) T&T (3rd – 6th)
- 3) First Name _____ Cubbies (Pre-K) Sparks (K-2) T&T (3rd – 6th)
- 4) First Name _____ Cubbies (Pre-K) Sparks (K-2) T&T (3rd – 6th)
- 5) First Name _____ Cubbies (Pre-K) Sparks (K-2) T&T (3rd – 6th)
- 6) First Name _____ Cubbies (Pre-K) Sparks (K-2) T&T (3rd – 6th)

Flat fee below is per child/per year. If possible, returning kids should use their AWANA items from last year (Flat fee still applies). Flat fee covers any items needed at the beginning of the AWANA year such as: Uniform, Handbook, and book bag for Cubbies and Sparks. Flat fee also covers the cost of a new book that a child may need if they move up during the year. Additional costs will only apply for replacement items that are lost or outgrown.

PLEASE CHECK BOX:

- \$60 per child
- \$40 per child (*discount if parent serves at AWANA*)

CHECK ITEMS BELOW IF NEEDED:

Cubbies VEST:

- Medium(5)
- Large(6)
- XL(7)

Sparks VEST:

- Large(10)
- XL(12)
- 2XL(14)

T&T SHIRT:

- Medium
- Large
- XL

Cubbies HANDBOOK:

- Honeycomb
- Cubbies Book Bag

Sparks HANDBOOK:

- #1 Hang glider
- #2 Wing Runner
- #3 Sky Stormer
- Sparks Book Bag

T&T HANDBOOK:

- #1 Grace in Action
- #2 Evidence of Grace
- #3 Agents of Grace
- #4 Discovery of Grace

TOTAL: \$ _____ Please make all checks payable to: **Calvary Chapel Beachside**

AWANA MEDICAL RELEASE 2024-2025

Please note: Parents are responsible for ensuring that Calvary Chapel Beachside has the most current information regarding their children

#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: _____

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

Father's Name: _____ Father's Cell Phone: (____) _____

Mother's Name: _____ Mother's Cell Phone: (____) _____

E-mail address: _____ Home Phone: (____) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

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

Does your child(ren) have any physical limitations or health factors that would keep him/her from participating in physical activities (i.e. running, jumping, skipping, etc.)? **Yes** _____ **No** _____

If yes, please explain: _____

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

HEALTH HISTORY: Please list any health concerns that we should be aware of.

Food Allergies: _____ Drug Allergies: _____ Other Allergies: _____

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: _____

If anything checked above, please list details: _____

Any other health concerns: _____

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

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

**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:** _____

Print Parent/Guardian Name: _____