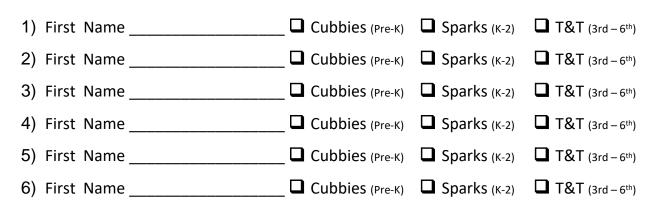


Registration Form 2022-2023 Season

Family's Last Name _____



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 and the end of season pinewood derby kit (see AWANA leader).

PLEASE CHECK BOX:

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

CHECK ITEMS BELOW IF NEEDED:

Cubbies VEST:

Sparks VEST:

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

Cubbies HANDBOOK:

- #1 Appleseed
- Cubbies Book Bag

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

Sparks HANDBOOK:

- #1 Hang glider
- **4** #2 Wing Runner
- **4**3 Sky Stormer
- Sparks Book Bag

T&T SHIRT:

 Medium Large

T&T HANDBOOK:

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

Please make all checks payable to: Calvary Chapel Beachside

Awana Medical Release 2022-2023

Please note: Parents are responsible for ensuring that Calvary C	Chapel Beachside has the most current in	nformation 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 Hole	der:
Does your child(ren) have any physical limitations or healt (i.e. running, jumping, skipping, etc.)? YesNo If yes, please explain:		
Emergency Contact Name:	Relationship:	Phone ()
HEALTH HISTORY: Please list any health concerns that we sho	ould be aware of.	
Food Allergies: Drug Alle	rgies:	Other Allergies:
Heart Defect/Disease History of Seizures/Convulsions	Bleeding/Clotting Disorder	Operations/Serious Injuries
DiabetesChicken PoxMeaslesMumps	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: Medica	tion (s):	
Name and phone of your Child(ren)'s regular physician: Dr		Phone#: <u>()</u>
**In the event of a minor illness or injury (such as cold; headache Children's Director (or his/her representative), R.N. or EMT to giv in dosages appropriate for his/her age, and to clean and bandage	re my child(ren) common remedies such	
The health history is correct so far as I know, and the person her and/or my physician. I hereby give permission to the physician s routine tests, and treatment for the health of my child(ren) and to It is understood that a conscientious effort will be made to notify Section 25.8 of the Civil Code of California. This authorization sh Chapel Beachside unless sooner revoked in writing. I further ag volunteers are hereby relieved of all liability in the event of accide	elected by the Children's Director (or his order injections and/or anesthesia and/o me before such action is taken. This aut nall remain effective through the extent o gree that Calvary Chapel Beachside, its	/her representative) to order X-rays, or surgery for my child(ren) named above. thorization is given pursuant to f the Awana Club year with Calvary
Parent/Guardian Signature:		Date:

Print Parent/Guardian Name: