



# 2009-10 AWANA CLUBS Registration

## CLUB COSTS

Save \$5 per child if you register by Sunday  
September 6<sup>th</sup>!

| Child's First & Last Name | Date of Birth | Gender | School Grade |
|---------------------------|---------------|--------|--------------|
|                           | / /           | M F    |              |
|                           | / /           | M F    |              |
|                           | / /           | M F    |              |
|                           | / /           | M F    |              |

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent (or guardian) Name \_\_\_\_\_  
(first & last)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**We will use email to get information to you. So, please provide if possible.  
Your email address will not be given to anyone else.**

Emergency Contact Name \_\_\_\_\_  
If parent cannot be reached during club hours, please provide local contact

Emergency Phone \_\_\_\_\_

Church You Attend  PEFC member  PEFC regular attender  
 Other \_\_\_\_\_

Are you currently helping in our clubs or youth group?  Yes  No

Where are you helping? \_\_\_\_\_

**Cubbies** (This club is for pre-kindergarten children of club volunteers only)

**Club members must be 3 years old by 11/30/09 & potty-trained!**

Handbook \$8 Uniform Vest \$10

**Sparks** (Kindergarten, 1<sup>st</sup> & 2<sup>nd</sup> grade)

Handbook \$8 Uniform Vest \$11

**Truth & Training** (3<sup>rd</sup> & 4<sup>th</sup> grade)

Handbook \$8 Uniform Shirt \$13

### ALL CLUBS

Awards & Materials Fee for each child enrolled \$25

**Early Registration Discount \$5 per Child**

**Financial assistance is available upon request.**

**Or pay in monthly installments if you wish.**

**Ask Club Registrar for assistance.**

We value parental involvement in our club ministry. If you are a ministry volunteer on Wednesday nights, we thank you for your partnership.

If not, please consider joining our team.

To find your place in this ministry, contact our Children's Pastor, Rick Hart...  
phone: 783-2636 OR email: [pastorrick@ocsnet.net](mailto:pastorrick@ocsnet.net)

**Emergency Medical Authorization MUST be completed...  
See back page.**

# 2009-10 Emergency Medical Authorization

Porterville Evangelical Free Church

## Children's Ministries

In case of a medical emergency, I hereby give authority to any hospital and/or emergency medical personnel to render immediate medical aid as may be required at the time for his/her health and safety, including transport if necessary, for the child/children listed below:

| Child's First & Last Name | Known Allergies | Other Medical Conditions |
|---------------------------|-----------------|--------------------------|
|                           |                 |                          |
|                           |                 |                          |
|                           |                 |                          |
|                           |                 |                          |

**Parent's Full Name** \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contacts:**

|   | Name | Home Phone | Cell Phone | Relationship to Child/Children |
|---|------|------------|------------|--------------------------------|
| 1 |      |            |            |                                |
| 2 |      |            |            |                                |

**Medical Insurance Carrier** \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_

**Hospital Preferred** \_\_\_\_\_ **Date of Last Tetanus Shot** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / year

**Parent's Signature** \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PICK-UP PERMISSION

I, the parent who signed above, authorize the following people to pick up my child/children after church events:

Same people listed above as **Emergency Contacts**. (if this box is not checked, please list authorized persons below)

|   | Name | Home Phone | Cell Phone | Relationship to Child/Children |
|---|------|------------|------------|--------------------------------|
| 1 |      |            |            |                                |
| 2 |      |            |            |                                |