



Child(ren) Name (First/Last)	Birthdate	Age	Grade	Size Shirt	Club
1. _____					
2. _____					
3. _____					
4. _____					

Mailing address

Email

For Awana-related announcements or cancellations.

Parent/Guardian (in order of contact) and **emergency contact** info during Awana time

Name	Phone	Relationship
1. _____		
2. _____		
3. _____		

Photo Release

Throughout the year, photos will be taken during our Awana Club activities. We would like to display these photos in our church newsletter, on our website, in the church, and in the Cambridge News. We will NOT identify the children by publishing their names under the photos.

I grant permission for my child(ren)'s picture to be used
 I do not grant permission for my child(ren)'s picture to be used.

Enrollment

I hereby enroll and give permission for my child to participate in the planned activities of Awana Club at Willerup United Methodist Church. I understand that I am responsible for transportation to and from Awana Club. I also agree to hold blameless the Awana Clubs, Awana volunteers, Willerup Church and staff for all activities.

Signature of Parent or Guardian Date

<p>Shirt Sizes (shirts tend to run large) Sparks: 6 8 10 12 14 16 T&T Youth 10 12 14 Adult S M L XL Trek/Journey: Adult S M L XL XXL</p>
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Make checks payable to "Willerup Church"

Office Use Only (circle one)		
\$30	\$60	Scholarship
single child	two or more	



Child(ren) Name (First/Last)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Church (circle): Willerup Not Attending Other _____

Special Needs

Please explain any allergies, physical restrictions, food requirements, medical conditions that we should know to best minister to your son/daughter during Awana time (Be sure to specify which child has what need.)

HELPING WITH AWANA

I am willing to help with the Awana club by:

- | | | |
|---|---|--|
| <input type="checkbox"/> Small group leader | <input type="checkbox"/> Providing a snack | <input type="checkbox"/> Giving a ride to other clubbers |
| <input type="checkbox"/> Substitute leader | <input type="checkbox"/> Coordinating snacks | <input type="checkbox"/> Helping with games |
| <input type="checkbox"/> Listener | <input type="checkbox"/> Help with record keeping | <input type="checkbox"/> Paying a fee for another child |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Scorekeeper | |

PARENTAL AUTHORIZATION

In case of medical emergency, I understand every effort will be made to contact the parents/guardian of the child/ren. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the Awana staff to hospitalize, to secure proper treatment for, order injection, anesthesia, or surgery for my child(ren) as named on this form.

Signature of Parent or Guardian

Date

Return form to:
Cambridge Awana Club
Willerup Church
414 W. Water St.
Cambridge, WI 53523
608-423-3777