

2011 - 2012 CCF Awana Registration & Medical Release

(please PRINT and complete fully):

Child's **LAST** Name _____ Parent Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

PHONE () _____ Cell: () _____

E-Mail Address: _____

Emergency Contact: _____ Phone: () _____

Home Church: _____ School (s): _____

Child's FIRST Name	Birthday <small>(Mo/Day/Year)</small>	Age	Grade	Club* (circle one)
1 _____	_____	_____	_____	Cubbie, Spark, 3/4 Girl, 3/4 Boy, 5/6 Girl, 5/6 Boy, LIT
2 _____	_____	_____	_____	Cubbie, Spark, 3/4 Girl, 3/4 Boy, 5/6 Girl, 5/6 Boy, LIT
3 _____	_____	_____	_____	Cubbie, Spark, 3/4 Girl, 3/4 Boy, 5/6 Girl, 5/6 Boy, LIT
4 _____	_____	_____	_____	Cubbie, Spark, 3/4 Girl, 3/4 Boy, 5/6 Girl, 5/6 Boy, LIT

Please place _____ with _____ Cubbies, Sparks, T&T

Please place _____ with _____ Cubbies, Sparks, T&T

* **Cubbies** (3 & 4 years as of 9/1), **Sparks** (K - 2nd), **T&T**: 3rd/4th grade girls, 3rd/4th grade boys, 5th/6th grade girls, 5th/6th grade boys, **LIT's** (7th - 12th)

Allergies, Medications, Special Needs or Other Health or Social Considerations (list child's name/allergy):

If **NONE**, please mark here

Emergency Authorization: *(must be signed)*

- In the event a child named above becomes ill or sustains an injury while on/at this authorized staffed outing of Community Christian Fellowship (CCF), I the undersigned, give my permission to those in charge to take whatever steps are necessary to stop bleeding and administer first aid. I also consent to an X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs and medicine to be rendered under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.
- I understand that the activities at this event can pose risks to personal health & safety. I hereby agree to release CCF, and it's staff and volunteers from liability in the event of injury during this event. I hereby grant CCF permission to transport my child if/when a situation occurs and it is deemed necessary by the staff of CCF or any persons acting as its agent. I understand that the attendee will assume the cost of damage that he/she causes to property and goods. I understand any failure to follow the rules set by CCF for the event may be cause for the attendee to be sent home at his/her own expense.
- I also give our permission for promotional pictures to be taken of my children along with photocopies and faxes to be made of this form.
- THIS AUTHORIZATION AND RELEASE shall remain effective for ALL of the Awana outings sponsored by CCF unless sooner revoked in writing and delivered to said agent(s).

Date: _____ Parent/Guardian Signature: _____

Please **PRINT BOTH** parents' names (if applicable): _____

Family Physician: _____ Phone: _____

Minor's Insurance Co: _____ Policy #: _____

***** Please complete both sides of this form! *****

2011 - 2012 CCF Awana Dues & Fees

Item	Price each	Addt'l child	How many	Subtotal	PAID Cash or Check #	Date
DUES	\$30	\$20				
Cubbies: 3 & 4 yrs by Sept 1, 2011						
Cubbie Handbook	\$10					
Cubbies Vest	\$11					
Sparks: Kindergarten - 2nd grades						
HandGliders Handbook - All K and NEW clubbers start here	\$11					
WingRunner Handbook	\$11					
SkyStormer Handbook	\$11					
Sparks Vest	\$11					
Frequent Flier Workbook After each handbook completion	\$9					
Truth & Training: 3rd - 6th grades						
T&T Ultimate Adventure 1 (3rd)	\$10					
T&T Ultimate Adventure 2 (4th)	\$10					
T&T Ultimate Challenge 1 (5th)	\$10					
T&T Ultimate Challenge 2 (6th)	\$10					
T&T t-shirt	\$15					
Leaders-In-Training (LIT):						
* Trek (Jr Hi) Handbook	* \$9					
* 24-7 (Sr Hi) Main & Elective	* \$22					
LIT t-shirt _s _m _L _XL	\$15					
Adult t-shirt uniform:						
Adult Leader: _s, _m, _L, _XL	\$15					
Adult Director: _s, _m, _L, _XL	\$15				##Office Use Only##	
				TOTAL		

* Optional for LITs

*** *Please complete both sides of this form!* ***