

## AWANA Registration 2021-2022

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|--|
| <input type="checkbox"/> Cubbies (three yrs. old – TK) |
| <input type="checkbox"/> Sparks (K–2nd grade)          |
| <input type="checkbox"/> T&T (3rd-6th grade)           |

**Calvary Baptist Church, 736 W. Islay Street, Santa Barbara, CA 93101**

Complete a form for each child and mail to the church office along with your check. First preference will be given to clubbers whose parents are volunteers. Information and registration forms are available at [www.cbcsb.org](http://www.cbcsb.org). For more information, contact the church office: (805) 569-0508 or [awana@cbcsb.org](mailto:awana@cbcsb.org).

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Medical Information (allergies to foods or medicines, physical limitations or conditions, medications taken regularly, etc.): \_\_\_\_\_

Doctor's name (and phone if known): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_ Phone if different: \_\_\_\_\_

Other person authorized to pick up my children: \_\_\_\_\_ Phone: \_\_\_\_\_

Church now attending (optional): \_\_\_\_\_

By submitting this registration form, I am hereby giving permission for my child to be included in Calvary Baptist Church of Santa Barbara AWANA Clubs' photos and videos.

By submitting this registration, I am promising to spend a few minutes on most days to assist in my child's memorization of Bible verses and to review and discuss the verses and their application in life with my child.

### **Medical Consent**

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care that may be required in case of emergency. I do herewith authorize treatment under the direction of any licensed physician, EMT, or ambulance medical staff in the event of a medical emergency. This authority is granted after a reasonable effort has been made to reach me by phone at my phone number(s) listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Calvary Baptist Church, the Awana Club, and the volunteer leadership from any liability therefore.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Dues: \$35      Handbook: \$15      Cubbies/Sparks Uniform: \$15      T&T Uniform: \$18

Sparks Bag: \$8

**CIRCLE ITEMS PURCHASED**

Paid by check \$ \_\_\_\_\_ Paid by Cash \$ \_\_\_\_\_ Date Paid \_\_\_\_\_