

Awana Clubber Registration

Windom E-Free Awana

Club Year: 2013-2014

- Please Print -

409 11th St.
Windom, MN 56101

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): <u>Aaron and Laura Klassen</u>	Home Phone: <u>507-831-1523</u>	<u>both parents</u>
Address: <u>919 17th St.</u>	Work Phone: <u>none</u>	
City: <u>Windom</u> State: <u>MN</u> Zip: <u>56101</u>	Cell Phone: <u>none</u>	
Home Church: <u>Windom Evangelical Free Church</u>	E-Mail: <u>LauraLKlassen@gmail.com</u>	<u>Laura</u>
Persons (other than parents) authorized to pick up the children: <u>none</u>	Other: _____	
	Emergency*: <u>MUST INCLUDE!</u>	<u>Nancy</u>

* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>	
<u>Renaе Klassen</u>		<u>00/00/0000</u>	<u>F</u>	<u>3</u>	<u>Homeschool</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>T&T girls</u>
<u>Laryssa Klassen</u>		<u>00/00/0000</u>	<u>F</u>	<u>K</u>	<u>Homeschool</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Sparks</u>
_____		_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
<u>Renaе</u>	<u>Dr. Doctor</u>	<u>Dr. Dentist</u>	<u>none (MUST INCLUDE ALLERGIES!!)</u>
<u>Laryssa</u>	<u>same</u>	<u>same</u>	<u>none</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am interested in helping: ___ Weekly ___ Every other week ___ Monthly For Special Events
Note: All Awana Club leaders and listeners must submit to a background check before working with the children.

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Windom Evangelical Free Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

Office Use

Fees:

Dues _____

Book _____

Uniform _____

Total Due _____

Amt Paid _____

Book and Uniform Fees will be due on 9/11/2013. See website for details.

I have read and agree to the Terms and Conditions stated above
 will sign at start of club on September 11, 2013

 Signature of Parent/Guardian Date