

AWANA 2022-2023 Registration

Burleson Bible Church
260 S Hurst Rd
Burleson, TX 76028

Cubbies— 3-4 years old
Sparks — K-2nd grade
T&T — 3rd-6th grade

FAMILY INFORMATION:

Family last name: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Father's name: _____ Mother's name: _____

Father's phone #: _____ Mother's phone #: _____

Would you like to be texted with club notices? Yes _____ No _____

E-mail address: _____

CLUBBER INFORMATION: Please complete a section for each child attending AWANA.

The age cutoff date is August 30.

1. Name: _____

___ Cubbies ___ Sparks ___ T&T

___ Girl ___ Boy Age: ___ Grade ___ Date of Birth: ___/___/___

Please list any allergies, limitations, or other information we should be aware of for this clubber

2. Name: _____

___ Cubbies ___ Sparks ___ T&T

___ Girl ___ Boy Age: ___ Grade ___ Date of Birth: ___/___/___

Please list any allergies, limitations, or other information we should be aware of for this clubber

3. Name: _____

___ Cubbies ___ Sparks ___ T&T

___ Girl ___ Boy Age: ___ Grade ___ Date of Birth: ___/___/___

Please list any allergies, limitations, or other information we should be aware of for this clubber

4. Name: _____

___ Cubbies ___ Sparks ___ T&T

___ Girl ___ Boy Age: ___ Grade ___ Date of Birth: ___/___/___

Please list any allergies, limitations, or other information we should be aware of for this clubber

PLEASE COMPLETE BACK OF FORM

MEDICAL RELEASE

I give permission for my Clubber/s to participate in the AWANA program at Burseson Bible Church. I understand that this activity will be closely supervised. However, should there be an emergency situation, I give my written consent to all supervisors to make decisions concerning the medical treatment of my Clubber. I understand that I will be notified immediately in case of any emergency, and I agree to not hold Burseson Bible Church liable in any way.

Parent/guardian signature: _____ Date ____/____/____

Family Physician: _____ Hospital of choice: _____

Insurance company: _____ Policy #: _____

Group # _____ Insurance phone # _____

PICK UP FOR CLUBBERS:

These adults are allowed to pick up my child(ren):

Father Mother Grandparent Family Friend _____

These people are NOT allowed to pick up my child(ren): _____

EMERGENCY CONTACTS:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

PHOTO PERMISSION: BBC AWANA may photograph or video tape during the club year. Photos/videos including my child can / cannot (circle one) be used for promotional, or administrative activities.

Registration Fees (Each member)

			Cost	Qty	Amount
Cubbies	3-4 years old	Circle vest size: 4 5 6 8 10	\$15.00		
Sparks	K-2 nd grade	Circle vest size: 6 8 10 12 14	\$15.00		
T & T	3 rd -6 th grade	Circle shirt size: YS YM YL AS AM	\$15.00		
Scholarship	Any age	If you would like to help cover the cost for another/future clubber you can do so here. These funds will not be used for anything else.			
General Donation		If you would like to help with expenses above and beyond registration.			

TOTAL DUE _____