

**AWANA 2024-2025 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 <sup>nd</sup> grade	Circle vest size: 6 8 10 12 14	\$15.00		
T & T	3 <sup>rd</sup> -6 <sup>th</sup> 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** \_\_\_\_\_