

Awana Clubber Registration

UALC Awana

Club Year: 2011-2012

- Please Print -

3500 Mill Run Drive
Hilliard, OH 43026

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Home Church: _____	E-Mail: _____	_____
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____
	Emergency*: _____	_____

* 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>Uniform Size</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cubbies is limited to first 40 children registered and Cubbie Parents MUST BE ON SITE either ATTENDING A CLASS OR VOLUNTEERING WITH AWANA. Parents interested in volunteering should download and complete a volunteer from www.ualc.org/awana. Background check required to volunteer.

Terms and Conditions

I hereby release Upper Arlington Lutheran Church, its staff, volunteers, and sponsors from responsibility and liability for any illness or injury that the above mentioned child may sustain during any activity, and any and all claims and liabilities. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I expect to be contacted as soon as possible if an emergency occurs. I understand that my child may appear in photos and/or videos that are used for promotional or training purposes, including but not limited to brochures, UALC website, UALC Welcome Vision and in-church bulletin boards.

I have read and agree to the Terms and Conditions stated above

X _____
Signature of Parent/Guardian Date

Office Use

Fees:				
	Amt	Qty	Total	
Dues	\$29.00	_____	_____	
Uniform	\$15.00	_____	_____	
Total Due:	_____			
Amt Paid	_____			
Books Ordered:	_____			

Uniforms Ordered:	_____			
