

Clubber Registration Form	ctk	Christ the King Community Church
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Registration = \$60.00 (which includes \$10 for this year's handbook). <u>New clubber</u> uniforms (or those graduating to next club) are an additional \$10.00. Please contact ctkawana@gmail.com with any questions or scholarship requests.

Clubber Info	rmation (Up to	three clubbers can be or	n one form):			
(#1) Name: _			Ma	le 🔲 Female		
Birthdate:		Age:	_ Grade 🔲 K 🛄 1 🛄 2 🛄 3 [4 5 6-8		
Allergies / M	edical Conditio	ns:				
Special Instru	uctions:					
Does this chi	ld need a unifo	rm (new clubber / movin	g up to new club)? 🔲 Yes 📗	No		
(#2) Name: _			Ma	le 🔲 Female		
Birthdate:		Age:	_ Grade 🗌 K 🗌 1 🔲 2 🛄 3	456-8		
Allergies / M	edical Conditio	ns:				
Special Instru	uctions:					
Does this chi	ld need a unifo	rm (new clubber / movin	g up to new club)? 🔲 Yes 🛛	No		
(#3) Name: _			Ma	le 🔲 Female		
Birthdate:		Age:	_ Grade 🗌 K 🗌 1 🗌 2 🗌 3	4 5 6-8		
Allergies / Medical Conditions:						
Special Instru	uctions:					
Does this child need a uniform (new clubber / moving up to new club)? 🔲 Yes 🔲 No						
For Office Use	e Only					
	·	Uniform = \$10.00	Pinewood Derby Car = \$7.00	Total		
<u>Clubber 1:</u>	\$60.00			Due \$		
Clubber 2:						
<u>clubbel 2.</u>	\$60.00			Due \$		
<u>Clubber 3:</u>	\$60.00 \$60.00			Due \$ Due \$		

Parent / Guardian Information:

Name(s):	Phone (home):			
Address:	Phone (cell):			
City / Zip: Email:				
In case of <u>lost security tag</u> , my child may be released to:				
Emergency Contacts:				
Name(s):	Phone (home):			
Name(s):	Phone (home):			
Doctor:	Phone (home):			

Medical Release & Permission to Participate

My child(ren) have permission to participate in Awana. I authorize the leadership at Christ the King Community Church (CTK) to seek medical attention for my child(ren) in case of an emergency when I cannot be reached. I also agree to not hold CTK or its staff or volunteers liable in the event of an accident or injury.

Acknowledgments:

I understand that in case of an emergency, a CTK staff member or volunteer may 1) Administer first aid; 2) Call the emergency contacts listed above; 3) Call my child's doctor.

By checking this box, I acknowledge that my child(ren) may be photographed by CTK Staff or volunteers. **Note: Some photos are posted to the closed Facebook group CTK Awana in an effort to let parents know how much fun we have at club.*

By checking this box, you are authorizing the release of your child's contact information to Awana volunteers **only** for club related communications (postcards, newsletters, etc...).

I understand that CTK Awana is a parent driven ministry and **parent participation is vital**. I can commit to volunteering at club at least (#) _____ times per club year.

Signature: _____

Date: _____