

**Awana Club Registration Form**

Club Calendar: Sept. 12, 2015 – May 21, 2016  
 Time: 7:00PM– 9:00PM (Saturday night)  
 Fee: detail as followed  
 Due: 25¢ every Saturday club meeting

**Chinese for Christ Church of San Jose**

4255 Williams Road  
 San Jose, CA 95129  
 Tel: 408-725-8733

Clubber's name		Birth Date	M /F	Grade in Sept.	Fee	Cubbies (3-4 yrs)		Sparks (K-2nd)		T & T (3 <sup>rd</sup> - 5th)		total per clubber
First	Last					Uniform \$11.00	HandBook Hopper or Jumper \$10	Uniform \$11.00	HandBook HangGlider or WingRunner or SkyStormer \$11	Uniform \$14 or \$15(5th)	HandBook UA(3rd & 4th) 1/2 or UC(5th) 1/2 \$10	
					\$40.00							
					\$40.00							
					\$40.00							

**Parent/Guardian Name(s):** \_\_\_\_\_ **Christian**  **Cell Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Father:** \_\_\_\_\_ 中文 \_\_\_\_\_

**Mother:** \_\_\_\_\_ 中文 \_\_\_\_\_

**Address:** \_\_\_\_\_ **Hone Phone#:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_ **Fellowship group:** \_\_\_\_\_ **Language speaking at home:** \_\_\_\_\_

**Persons (other than parents) authorized to pick up the clubbers:** \_\_\_\_\_

**Emergency contact (other than parents) name and phone #:** \_\_\_\_\_

<u>Clubber</u>	<u>Doctor's Name and Phone #</u>	<u>Medical Insurance Company and Policy #</u>	<u>Medical (allergies, meds, special needs)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Terms and Conditions:**

- 1) I understand that my child/children may participate in physical activities during game time. As with any physical activity, there is a risk of injury.
- 2) I fully accept this risk and hold harmless from any legal liability, CFCCSJ 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 that 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 wellbeing. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I agree to provide help as a handbook time helper and bring snack during Awana calendar year.

I have read and agree to the terms and conditions stated above

X \_\_\_\_\_ (Signature of Parent/Guardian)

Date \_\_\_\_\_