

**Mt. Calvary Baptist Church
2016 - 2017 Program Year
AWANA Registration Form**

Date: _____
 Father's Name: _____ Phone #: _____
 Mother's Name: _____ Phone #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Child's Name	Age	Grade	T-Shirt Size

S = Small
 M = Medium
 L = Large
 XL = X-Large

Amount of Dues Paid: _____ Cash: _____ Check #: _____
 Date Paid: _____

Financial Record:

Date	Payment	Balance

Club Dues Information:

- I. Annual dues for 2016-2017 program year are below:
- 1st Clubber \$30.00 per person
 - 2nd Clubber \$25.00 per person
 - 3 or more Clubbers \$20.00 per person
 - T-Shirt or Vest \$10.00 additional per person

- II. Registration Process:
- a. Parents must complete and submit the Registration form along with all applicable dues to the Secretary
 - b. Parents will be provided a written receipt as confirmation of their order.

We never want financial problems to keep your child from participating in the AWANA program. Please contact Ms. Louise McNeill, Secretary, to discuss options for your child.

Emergency contact if unable to contact above parent/guardian

Name: _____ Phone #: _____
 Relationship to child(ren): _____

Medical Release:

I hereby give my permission to the physician or dentist selected by Mt. Calvary Baptist Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child(ren) as deemed necessary, after every attempt to contact the parent, guardian and/or other emergency contact has failed. I further agree that I am fully responsible to pay all charges and expenses relating to such care and treatment. My signature below serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by my insurance. My signature below also serves as a medical release for the above mentioned child(ren).

Parent/Guardian Signature: _____ Date: _____