



Creekside Christian Church of Elk Grove
Awana Clubs
2019-2020 Registration

For Office Use Only	Page ___ of ___
Reg date	___/___/20___
Form of Pmt	_____
Amt Pd	<input checked="" type="checkbox"/>
F1 date	<input checked="" type="checkbox"/>

Clubber Information

1	Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age _____ Birthday ___/___/20							
	<table border="1"> <tr> <td>*Nusery-Puggles email Shelby @creeksideeg.com</td> <td> <input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</td> <td> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</td> <td> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</td> </tr> </table>	*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th					
	Allergies, medical conditions, special needs _____							
	Your child would like to be with: Friend _____ Leader _____							
2	Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age _____ Birthday ___/___/20							
	<table border="1"> <tr> <td>*Nusery-Puggles email Shelby @creeksideeg.com</td> <td> <input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</td> <td> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</td> <td> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</td> </tr> </table>	*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th					
	Allergies, medical conditions, special needs _____							
	Your child would like to be with: Friend _____ Leader _____							
3	Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age _____ Birthday ___/___/20							
	<table border="1"> <tr> <td>*Nusery-Puggles email Shelby @creeksideeg.com</td> <td> <input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</td> <td> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</td> <td> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</td> </tr> </table>	*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th					
	Allergies, medical conditions, special needs _____							
	Your child would like to be with: Friend _____ Leader _____							
4	Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age _____ Birthday ___/___/20							
	<table border="1"> <tr> <td>*Nusery-Puggles email Shelby @creeksideeg.com</td> <td> <input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</td> <td> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</td> <td> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</td> </tr> </table>	*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th					
	Allergies, medical conditions, special needs _____							
	Your child would like to be with: Friend _____ Leader _____							
5	Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age _____ Birthday ___/___/20							
	<table border="1"> <tr> <td>*Nusery-Puggles email Shelby @creeksideeg.com</td> <td> <input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</td> <td> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</td> <td> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</td> </tr> </table>	*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th			
*Nusery-Puggles email Shelby @creeksideeg.com	<input type="checkbox"/> 3's** <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K	<input type="checkbox"/> Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th					
	Allergies, medical conditions, special needs _____							
	Your child would like to be with: Friend _____ Leader _____							
Annual Registration Fees: 1 child=\$50, 2=\$100, 3=\$140, 4=\$180 (\$40 for each additional) Puggles: Free		<table border="1"> <tr> <td>Total # of children:</td> <td>Total reg fees</td> <td>\$</td> </tr> <tr> <td></td> <td>Add'l donation to scholarship fund</td> <td>\$</td> </tr> </table>	Total # of children:	Total reg fees	\$		Add'l donation to scholarship fund	\$
Total # of children:	Total reg fees	\$						
	Add'l donation to scholarship fund	\$						
* Nursery-Puggles is available at no cost to Awana volunteers who will be on campus during club. ** To participate in Cubbies, child must be age 3 by 9/1/19, potty-trained, and fully independent in the bathroom.		Make checks payable to: Creekside Christian Church						

Please complete reverse for Trek or Journey. Please complete additional form for additional children/students.

Family Information

Dad's Name _____ Dad's Cell _____ Dad's E-mail _____ Not living with child

Mom's Name _____ Mom's Cell _____ Mom's E-mail _____ Not living with child

Home Phone _____ Address _____ City _____ Zip _____

Home Church: Creekside Christian Church Other _____ None

Awana works best by partnering with parents in ministry. I or my spouse can commit to... Listener/Substitute One-time events (e.g. Grand Prix)

Other: _____

Authorized Pick-Up


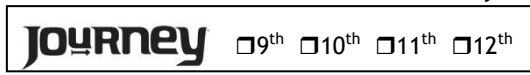
Other than parents and emergency contact, these people are allowed to pick up my child(ren):

Name _____ Phone _____ Name _____ Phone _____

Please complete form on the reverse

Student Information


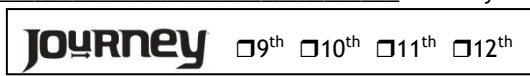
1 Student's Name _____ Boy Girl Age ____ Birthday ____ / ____ / 20 ____

 7th 8th  9th 10th 11th 12th Student's email _____

Allergies, medical conditions, special needs _____

Student would like to be with: Friend _____ Leader _____

2 Student's Name _____ Boy Girl Age ____ Birthday ____ / ____ / 20 ____

 7th 8th  9th 10th 11th 12th Student's email _____

Allergies, medical conditions, special needs _____

Student would like to be with: Friend _____ Leader _____

AWANA PARTICIPATION AGREEMENT

Activity Information (to be completed by the activity sponsor, Creekside Christian Church)

Name of sponsor's coordinator: Sherry Ju Telephone: (916) 685-4821 ext. 107

Activities include but are not limited to: running, jumping, eating, arts, and crafts, small group activities

Date(s) and location of activity: Awana 9/4/2019 – 5/6/2020 Creekside Christian Church

Participation Information (to be completed by participant or authorized parent / guardian)

Name of participant: All referenced above (Clubber and/or Student Information)

Name, Address, Email of parents / guardians: All referenced above (Family Information)

Name of emergency contact (if parents cannot be reached): _____

Telephone: _____ Alt. Telephone: _____

List allergies, medical conditions or limitations: All referenced above (Clubber and/or Student Information)

Is sponsor authorized to approve medical treatment? (Circle one) YES NO

Is participant(s) covered by personal / family medical insurance? (Circle one) YES NO

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves known & unknown risks to the Participant (and to the Participant's parents or guardians, if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent / guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent / guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the Activity as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Activity Sponsor".) Further, the Participant (or parent / guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent / guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent / guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I do **not** authorize Creekside Christian Church to publish photos of my child(ren) on its website and brochures for promotional purposes.

I do **not** authorize Creekside Christian Church to use photos of my child(ren) for safety purposes and/or record-keeping.

Parent/Guardian Signature _____

Parent/Guardian Signature _____