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# REGISTRATION FORM

## STONECREEK Christian Church

### 2019-2020

\_\_\_\_\_ Vest/Shirt Size

Name: \_\_\_\_\_  Boy  Girl

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Member of Stonecreek? \_\_\_\_\_ Another Church? \_\_\_\_\_

Registration Dues: \$80\* for first child, \$75\* for each additional child (subtract \$5 per child if received by 10/03/19  
\*Circle dollar amount paid for this child      Payment for registration dues must accompany registration form

Please mail or drop-off registration and payment to Stonecreek Christian Church 30161-B Avenida De Las Banderas RSM. CA.92688

*Are there any medical needs, allergies or restrictions we should know about this child?*  Yes  No    If yes, please list here:

\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ email: \_\_\_\_\_

Friend of relative to notify if parents cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

### PERMISSION SLIP

*I give my permission for my son/daughter, \_\_\_\_\_, to participate in all AWANA Club activities that will occur during the year. Any exceptions are listed here: \_\_\_\_\_.*

*My child may receive necessary first aid treatment from a duly-licensed physician, or if I cannot be reached, be admitted to a hospital in case of emergency. I will not hold AWANA Clubs International or Stonecreek Christian Church or any of its members liable for any illness or accident that occurs to my child, or any expenses incurred in the treatment thereof while my child is at AWANA Club. This authorization is given pursuant to California Civil Code §25.8.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_