CALVARY CHAPEL
OF SCRAMENTO
AWANA
REGISTRATION
2023-2024



For Office Use Only								
Reg Date/	/2023-24							
Form of Payment CK	CASH SQUARE							
Amt Pd	PIF: Y N							

2023 2024								
<u>Clubber Information</u>								
1. CHILD'S NAME:	BOY L	GIRL	AGE: BIRTI	HDAY:/				
Cubbies 3 & 4 yr. old	☐Kinder ☐1 st ☐2nd		3 rd thru 6 th grade	7 th /8 th grade				
JOURNEY 9th thru 12th grade								
2. CHILD'S NAME:	BOY	/ 🗌 G	IRL AGE:	BIRTHDAY:/				
Cubbies 3 & 4 yr. old	—Kinder □1 st □2nd		3 rd thru 6 th grade	7 th /8 th grade				
Journey 9th thru 12th grade	List Any Food Allergies/Rest	rictions/I	Health Conditions we sh	nould be aware of:				
				_				
3. CHILD'S NAME:	во	/ 🗌 G	IRL AGE:	BIRTHDAY:/				
Cubbies 3 & 4 yr. old	□Kinder □1 st □2nd	Lighting [3 rd thru 6 th grade	7 th /8 th grade				
Journey 9th thru 12th grade	List Any Food Allergies/Restr	Any Food Allergies/Restrictions/Health Conditions we should be aware of:						
Parent Information								
Father's Name:	Phone:		Email:					
Mother's Name:	Phone:		Email:					
Address:		н	lome Church:					
City Zip code								

Registration Fees 2023-2024	Please note: Sales tax and shipping is included in all prices										
Annual reg fee is \$70.00	1st child,	\$50 each	n for mo	re kids	: Includes	the Awana books					
Number of Children:	Registration Total:					on Fees + Uniforms)					
Club uniforms may be purchased for an additional cost.											
Cubbies vest Size/QTY:	Sparks vest S			\$10	6.00 each	Total:					
T&T Size/QTY: TREK Size		urney Size:		\$20.00 each		Total:					
Cubbies & Sparks Bags: \$10 each T&T/TREK/Journey Sling Bags			\$18 each	See prices to the left		Total:					
	Please make che	cks payable t	o Calvary Ch	apel Sacra	mento						
EMERGENCY INFORMATION & MEDICAL RELEASE: IN THE EVENT THAT MY CHILD IS INJURED WHILE UNDER THE CARE OF THE AWANA CLUB AND REQUIRES MEDICAL ATTENTION, I HEREBY CONSENT TO AND WILL BE RESPONSIBLE FOR ANY RESONABLE MEDICAL TREATMENT AS DEEMED NECESSARY											
Emergency Contact:		Phone:	ne:		Relationship:						
Doctor's Name:		Phone:			Preferred Hospital:						
Medical Insurance Provider:			Policy #:		'						
DROP-OFF/PI	CK-UP: PLEASE UNI	DERSTAND THI	S POLICY IS FO	R THE SAFT	EY OF THE CHILDR	REN					
I understand that my child(ren) must be personally escorted to the Kid Check Kiosk and signed in by an authorized adult before proceeding to Awana. And that my child(ren) must be checked out from a leader by a parent or authorized adult with Kid Check Safety Tag before they can leave Awana.											
Please list the name(s) of other adults who have permission to drop-off/pick-up your child(ren) & ADD THEM TO YOUR KID CHECK ACCOUNT:											
<u>Liability Release</u> : I understand that participation in Awana carries certain physical risks and do hereby release Calvary Chapel of Sacramento, Awana Clubs International, and their representatives from any liability due to accident or injury incurred by my child. I also authorize Calvary Chapel of Sacramento and Awana to publish photos on their websites, promotional brochures or Facebook/Google Reviews. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.											
						ID-19					
Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19 & Variants, have been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Calvary Chapel of Sacramento has put in place preventative measures to reduce the spread of COVID-19 & Variants; however, Calvary Chapel of Sacramento cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19 & Variants.											
	Re	ead Carefully	Before Signii	ng							
By signing this agreement, I acknowledge the contagious nature of COVID-19 & Variants and voluntarily assume the risk that I may be exposed to or infected by COVID-19 & Variants by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 & Variants at Calvary Chapel of Sacramento may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Calvary Chapel of Sacramento employees, volunteers, and Awana program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Calvary Chapel of Sacramento. I hereby release, covenant not to sue, discharge, and hold harmless Calvary Chapel of Sacramento, its employees, volunteers, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Calvary Chapel of Sacramento. By signing this document, I agree that if I am exposed or infected by COVID-19 & Variants during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have read and understood this document and I agree to be bound by its terms. I agree that I will practice safe social distancing and clean hygiene during my participation at Calvary Chapel of Sacramento. Masks are not mandatory for kids, but they are welcome to wear one.											

I RECEIVED KID CHECK INSTRUCTIONS UPON REGISTRATION (Parent Initial) Please complete a separate form for additional children.

I RECEIVED A SICK POLICY NOTICE UPON REGISTRATION (Parent Initial)