



Calvary Chapel Sacramento
Awana Clubs
2024-2025 Registration

For Office Use Only
Reg Date ____/____/2024-25
Form of Pymt: CK CASH SQUARE
Amt Paid \$ ____
Paid in Full: **Y** **N**

* To participate in Cubbies, child must be age 3 by 9/1/24

Cubbies, Sparks, and T&T

1 Student's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age ____ Birthday ____/____/20____	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div> <input type="checkbox"/> 3's* <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</div><div> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</div><div> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</div></div> <p>Allergies, medical conditions, special needs _____</p>
2 Student's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age ____ Birthday ____/____/20____	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div> <input type="checkbox"/> 3's* <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</div><div> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</div><div> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</div></div> <p>Allergies, medical conditions, special needs _____</p>
3 Student's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age ____ Birthday ____/____/20____	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div> <input type="checkbox"/> 3's* <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</div><div> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</div><div> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</div></div> <p>Allergies, medical conditions, special needs _____</p>
4 Student's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age ____ Birthday ____/____/20____	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div> <input type="checkbox"/> 3's* <input type="checkbox"/> 4's <input type="checkbox"/> Trans'l K</div><div> <input type="checkbox"/> Kinder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd</div><div> <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th</div></div> <p>Allergies, medical conditions, special needs _____</p>

Trek and Journey

1 Student's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age ____ Birthday ____/____/20____	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div> <input type="checkbox"/> 7th <input type="checkbox"/> 8th</div><div> <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th</div></div> <p>Allergies, medical conditions, special needs _____</p>
2 Student's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Age ____ Birthday ____/____/20____	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div> <input type="checkbox"/> 7th <input type="checkbox"/> 8th</div><div> <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th</div></div> <p>Allergies, medical conditions, special needs _____</p>

Annual Registration Fees:

1 child=\$70, \$50 for each additional child (Cost includes 1 Handbook per child)

Uniforms may be purchased for an additional cost:

Cubbies Vest - Size/QTY: _____ Sparks Vest - Size/QTY: _____ \$17.00 each
T&T-Size/QTY: _____ TREK-Size/QTY: _____ Journey-Size/QTY: _____ \$23.00 each
Cubbie/Sparks Bags: \$10.00 each T&T/TREK/ Journey Bags: \$19.00 each

Please Note: Sales tax and shipping is included in all prices.	Total # of children: _____	Total Reg Fees: \$ _____	
		Total Uniform Cost: \$ _____	
		Add'l Donation to Scholarship Fund: \$ _____	
		Grand Total: \$ _____	
Make checks payable to: Calvary Chapel Sacramento			

Please complete additional form for additional children/students.

Please complete form on the reverse

Contact Information

Best Contact Name: _____ Best Contact Phone Number: _____ Relationship: _____

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Email: _____ Home Address: _____ City: _____ Zip: _____

Home Church: ☐ Calvary Chapel Sacramento ☐ Other _____ ☐ None

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 medical treatment deemed necessary.

Emergency Contact Name: _____ Phone Number: _____ Relationship: _____

Doctor's Name: _____ Phone Number: _____ Preferred Hospital: _____

Medical Insurance Provider: _____ Policy Number: _____

Parent Agreement

Due to the nature of the Awana program, every clubber will require the active participation of their parent(s) or other family member. By registering your child for Awana, you are agreeing that you or someone in your household can commit to working with your child/student on their weekly handbook sections and verse memorization throughout the Awana year.

Drop-off/Pick-up Policy - Please understand this policy is for the safety of the children.

I understand the 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) AND add them to your Kid Check account:

Liability Release

I understand that participation in Awana carries certain physical risks and do hereby release Calvary Chapel Sacramento, Awana Clubs International, and their representatives from any liability due to accident or injury incurred by my child. I also authorize Calvary Chapel 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.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**Read Carefully Before Signing**

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.

Parent/Guardian Signature _____ Date _____

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☐ I do **NOT** authorize Calvary Chapel Sacramento to take photos of my child at on-campus events or programming to be published on its website and brochures for promotional purposes.

I received a sick policy notice upon registration (Parent Initial) _____

I received Kid Check instructions upon registration (Parent Initial) _____