

A.W.A.N.A Club Application 2017-2018

Simi Community Church-2000 Royal Ave, Simi Valley, CA 93065- (805)526-8075

Registration Fee must accompany application. **Payment includes registration fee, and dues***.
Please check your selections, and attach the appropriate amount. *Checks may be made out to: SCC*

\$35 per student** **Book Charge \$11 each**

Club Uniform Prices (additional charge): **Cubbies \$11** **Sparks \$11** **TNT \$ 17**

*Book Charges will be added on as needed throughout the year

**\$35 cost is only if paid before the first day of Awana- after that the cost would be \$40 per student

PLEASE PRINT

Student's Name: _____ Sex (circle one): M F

School: _____ (circle 16/17 grade) PS K 1 2 3 4 5 6

Age: _____ Date of Birth(m/d/y): _____ Home Phone: _____

Siblings (name & age): _____ Home Church: _____

Address: _____ City: _____ Zip: _____

Parent's Name(s): _____

Address: (if different): _____ City: _____ Zip: _____

Mom's Cell: _____ Mom's E-mail: _____

Dad's Cell: _____ Dad's E-mail: _____

IN EMERGENCY NOTIFY (other than parents - parents will be called first)

1. Name: _____ Rel. _____

Phone: Home: _____ Cell _____

2. Name: _____ Rel. _____

Phone: Home: _____ Cell _____

HEALTH HISTORY:

____ Drugs _____ Diabetes _____ Hay Fever _____ Heart Condition

____ Insect Bites _____ Epilepsy _____ Asthma _____ Nerve Disorder

____ Allergies (list) _____

Comments on above: _____

MEDICAL and LIABILITY RELEASE

STUDENTS NAME _____ SEX: M / F AGE: _____

ADDRESS: _____ CITY: _____ ZIP _____

DAY PHONE: _____ NIGHT PHONE: _____

PARENT/GUARDIAN: _____

INSURANCE CO. & POLICY # _____

PHYSICIAN: _____ PHONE: _____

I hereby give my permission to the physician or dentist selected by Simi Community Church Staff to hospitalize, or secure proper treatment and / or injection, anesthesia, or surgery for my child from September 2017 through June 2018 as deemed necessary. I also understand that my insurance will cover any treatment and Simi Community Church will not be liable.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE

I do NOT authorize photograph, film, or vocal recording of my child for the website or end of the year slideshow.

LEADERS USE ONLY:

Amount Paid: _____ Date: _____ Reg. Fee: _____ Uniform: _____ Other: _____

Uniform Size Ordered: Cubbies _____ Sparks _____ TNT _____