



Hopewell Awana Clubs 2017-2018 Registration

Starting September 20, 2017 **Wednesday Evenings**

6:30 to 8:00

PARENT/GUARDIAN INFORMATION:

Name (s): _____

Home Phone: () _____

Address: _____

Cell Phone: () _____

City: _____ State: _____ Zip: _____

Spouse Cell Phone: () _____

E:Mail: _____

Children in PreSchool through 6th Grade are eligible for Awana Clubs at Hopewell.

Child's First & Last Name	Shirt Size <small>(indicate Youth or Adult)</small>	Birthdate	Grade	Allergies Yes or No? <small>(If Yes, use space below)</small>	Other Pertinent Child Information Yes or No? <small>(If Yes, use space below)</small>
#1					
#2					
#3					
#4					
#5					

If "Yes" to any of above, please indicate Child Name and Pertinent Information.

And/Or indicate any other information you would like us to know about child below:

Emergency Contact Information should parent/guardian listed above be unreachable:

Name (s): _____ Contact Phone: (____) _____

Name (s): _____ Contact Phone: (____) _____

If interested in any of the following club related activities please check boxes below accordingly and someone will be in contact.

Yes, I am interested in Sponsoring a child in Awana Club for \$35, money can be attached to application and checks made payable to Hopewell.

Yes, I am interested in Volunteering in Awana Club on Wednesday evenings from 6:15 until closing.

Yes, I am interested in Volunteering Part Time in Awana Club and would like to discuss what opportunities I may be able to assist with.

Yes, I am interested in donating items that may be needed for Awana Club. (Examples may include food, Awana reward items, Awana store items and/or supplies such as Pool Noodles, Craft Items, Dry Erase Markers, etc.,)

RELEASE: I hereby give my permission for my above listed children to participate in Awana and all Awana related events and outings for the school year listed above. I assure that my child/children are in good health and able to participate. If I cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the Awana staff, I authorize and direct the Awana staff to administer or supervise such treatment and to do any procedure that is deemed necessary until such time as my child(s) can be transported by emergency personnel. It is understood that I assume full responsibility for the payment of any services rendered. I also consent to any emergency medical or surgical treatment necessary by the appropriate emergency/hospital personnel.

If there is a behavior problem with my child(s), I welcome a call and, if requested will arrange for their immediate transportation from the activity.

I authorize pictures of my child to be used on social media.

I hereby release and absolve Hopewell Baptist Church of any and all liability arising from my child's/children's participation in activities associated with church programs.

Parent/Guardian Signature: _____ Date: _____

Hopewell Baptist Church

2319 North County Road 850 West - Holton, IN 47023 - (812) 689-3348

Pastor: Rev. Dr. Ty Choate

Minister of Youth: Chad Schwering

Awana Commander: Janine Choate