

AWANA CLUB REGISTRATION

Palm Springs Baptist Church
1696 El Cielo Rd, Palm Springs, CA 92264

Clubber's Name: _____

Boy _____ Girl _____

Home Address: _____

City: _____ Zip : _____

Home Phone: _____

Birthday: _____ Age: _____

Email: _____

Grade as of Fall 2015: _____

Home Church: _____

Allergies (Food & Medication): _____

Medical Condition: _____

Guardian (Mother) : _____ Cell Number: _____

Guardian (Father) : _____ Cell Number: _____

Who has permission to pick up my child?

Name	Relationship

Emergency Contact other than Parent: _____ Phone: _____

Relationship: _____

In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of Palm Springs Baptist Church to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I authorize such care and treatment to be performed by any licensed physician or surgeon. Furthermore, I do fully and expressly release, indemnify, and hold harmless PALM SPRINGS BAPTIST CHURCH, its Board, Members, staff, employees, and their assigns from any and all liability for any harm, including, but not limited to, any accident(s), injury(ies), or death, incurred by my child as a result of his/her participation in any event, including, but not limited to, any athletic, recreational, social, or other activity, sponsored or attended by Palm Springs Baptist Church.

Signature of Parent or Guardian: _____ Date: _____

Legal Name (please print): _____

Registration fees: \$25 (2nd child: \$20; 3rd child onwards:\$15) Handbook and Uniform: \$30

For Office Use Only

Registration: \$ _____ Date Paid: _____ Cash/Ck# _____

Handbook and Uniform: \$ _____ Date Paid: _____ Cash/Ck# _____

Balance Due: _____