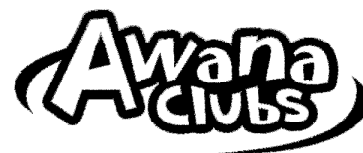


# Awana Order Form 2016-2017



Last Name \_\_\_\_\_

#1 Child's Name \_\_\_\_\_ **Club:** Cubbies (Pre-K), Sparks (K-2), T&T (3rd – 4th), T&T (5th – 6th)  
(Circle One)

#2 Child's Name \_\_\_\_\_ **Club:** Cubbies (Pre-K), Sparks (K-2), T&T (3rd – 4th), T&T (5th – 6th)  
(Circle One)

**UNIFORMS:** Uniforms are purchased before a child has completed their “Entrance Booklet” (free). They will not, however, receive their uniform or book until the “Entrance Booklet” is completed.

Cubbies Vest	Size-They run <b>SMALL</b>	Quantity	Price	Total
M (5), L (6), XL (8)			\$12.00	\$
Sparks Vest	Size-They run <b>SMALL</b>	Quantity	Price	Total
L (10), XL (12),XXL (14)			\$12.00	\$
T&T – Grade 3-4	<b>Size</b> –M, L, XL	Qty =	\$17.00	\$
T&T – grade 5-6	<b>Size</b> –M, L, XL	Qty =	\$17.00	\$

**BOOKS:** Handbooks should be purchased before a child has completed the free entrance booklet. However, the handbook is not presented until the entrance booklet has been completed.

Club	Book name or # (circle)	Quantity	Price	Total
Cubbies	Appleseed		\$12.00	\$
Sparks	#1- Hang Glider #2- Wing Runner #3- Sky Stormer		\$12.00	\$
T & T–grade 3-4	Book #1, #2		\$12.00	\$
T & T–grade 5-6	Book #1, #2		\$12.00	\$

**FAMILY DUES:** Dues are for the Awana year September 2016- May 2017.

Dues are <b>\$15</b> per child. <b>\$15</b> x _____ (number of children) =	\$
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**OPTIONAL ITEM:** Great for carrying your Bible and Awana Book to club each week!

Book Bag	Cubbies, Sparks, or T & T	\$7.00	\$
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**GRAND TOTAL:** Please make all checks payable to: **Calvary Chapel Beachside**

<b>TOTAL</b> of all uniforms, books, dues and optional items.	\$
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# Awana Medical Release 2016-2017

Please note: Parents are responsible for ensuring that Calvary Chapel Beachside has the most current information regarding their children

#1 Child's Name: \_\_\_\_\_ M / F (circle one) Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

#2 Child's Name: \_\_\_\_\_ M / F (circle one) Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Does your child(ren) have any physical limitations or health factors that would keep him/her from participating in physical activities (i.e. running, jumping, skipping, etc.)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_

**HEALTH HISTORY:** Please list any health concerns that we should be aware of.

Food Allergies: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Heart Defect/Disease \_\_\_ History of Seizures/Convulsions \_\_\_\_\_ Bleeding/Clotting Disorder \_\_\_\_\_ Operations/Serious Injuries \_\_\_\_\_

Diabetes \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Date of Child's last tetanus shot: \_\_\_\_\_

**If anything checked above, please list details:** \_\_\_\_\_

**Any other health concerns:** \_\_\_\_\_

Please list any medication that your child takes regularly: Medication (s): \_\_\_\_\_

Name and phone of your Child(ren)'s regular physician: Dr. \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

\*\*In the event of a minor illness or injury (such as cold; headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Children's Director (or his/her representative), R.N. or EMT to give my child(ren) common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

The health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Children's Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child(ren) and to order injections and/or anesthesia and/or surgery for my child(ren) named above. It is understood that a conscientious effort will be made to notify me before such action is taken. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the Awana Club year with Calvary Chapel Beachside unless sooner revoked in writing. I further agree that Calvary Chapel Beachside, its Board of Directors, officers, staff, and volunteers are hereby relieved of all liability in the event of accident or injury to said Minor(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Parent/Guardian Name** \_\_\_\_\_