



Registration Form

One form per Family

Immanuel Baptist Church
2022/2023



Parents/Guardians:

Relationship, Cell and Email:

Pick up:

Name: _____ Relationship: _____ YES
 Address: _____ Cell: _____ NO
 City: _____ State: _____ Zip: _____ Email: _____

Name: _____ Relationship: _____ YES
 Address: _____ Cell: _____ NO
 City: _____ State: _____ Zip: _____ Email: _____

Address same as above.

Home Church: IBC Searching None Other: _____

EMERGENCY Contacts: *Other than Parents, authorized to pick up child/children.*

Full Name: _____ Cell: _____ Relationship: _____ Pick up: YES NO
 _____ YES NO

SIBLINGS attending The Circle (Youth):

Full Name: _____ Cell: _____ Relationship: _____ Pick up: YES NO
 _____ YES NO

Child's Full Name:	Gender:	Birthdate:	Grade: <small>-Entering-</small>	Age:	Med/Allergy:	Club:	Reg. Dues	Book	Bag*	Uniform (size)*
_____	_____	_____	_____	_____	<input type="checkbox"/> YES	_____	\$20 <input type="checkbox"/>	\$11 <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/> YES	_____	\$10 <input type="checkbox"/>	\$11 <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/> YES	_____	\$10 <input type="checkbox"/>	\$11 <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/> YES	_____	\$10 <input type="checkbox"/>	\$11 <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/> YES	_____	\$10 <input type="checkbox"/>	\$11 <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/>

Describe medical/allergy/disability concerns below: * Prices for bags/uniforms vary according to club (Cubbies & Sparks = \$7/\$13, T&T = \$14/\$18)

Approximate Uniform Sizing: Awana uniforms run small.

Cubbies Vest* - \$13			Sparks Vest* - \$13			T&T Uniform** - \$18		
Item #	Chest	Sizes	Item #	Chest	Sizes	Item #	Chest	Sizes
93923	25"	S-4	74405	29"	S-6	95914	32"	Y: S-10
93931	27"	M-5	74413	31"	M-8	95923	36"	Y: M-12
93949	29"	L-6	74421	34"	L-10	95931	40"	Y: L-14
93957	31"	XL-8	74430	37"	XL-12	95949	42"	A: S
93965	34"	XXL-10	74448	38"	XXL-14	95957	45"	A: M
			74456	43"	XXXL-16	95951	48"	A: L

Sizing Notes:

*Chest size measures all the way around the child
 **T&T Uniforms run small but do NOT shrink; Y = youth, A = adult sizing

- SIGNATURE required on reverse side -



Registration Form

— — Continued — —



Parent/Guardian Interests: *Initial & check all that apply*

<input type="checkbox"/> Volunteering in Awana weekly	Cubbies	Sparks	T & T	Games
<input type="checkbox"/> Volunteering as a substitute when needed				
<input type="checkbox"/> Volunteering for Awana special events	Parties	Awana Store	Shooting Events	Kitchen
<input type="checkbox"/> How to become a Christian				
<input type="checkbox"/> Information about Immanuel Baptist	Adult	Children	Life Groups	Connection Classes

Name: _____

Parent/Guardian Interests: *Initial & check all that apply*

<input type="checkbox"/> Volunteering in Awana weekly	Cubbies	Sparks	T & T	Games
<input type="checkbox"/> Volunteering as a substitute when needed				
<input type="checkbox"/> Volunteering for Awana special events	Parties	Awana Store	Shooting Events	Kitchen
<input type="checkbox"/> How to become a Christian				
<input type="checkbox"/> Information about Immanuel Baptist	Adult	Children	Life Groups	Connection Classes

Name: _____

Note: All Awana club leaders, listeners, subs, special help volunteers must be a member of IBC and submit to a background check before working with children. The volunteer application can be found at www.ibcpace.com under Resources in the Forms section.

OFFICE USE ONLY

FEES	Club:	Registration:	Book:	Rec'vd	Uniform:	Rec'vd	Bag:	Rec'vd	TOTAL
Child 1	_____	<input type="checkbox"/> \$20	<input type="checkbox"/> \$11	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Child 2	_____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$11	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Child 3	_____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$11	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Child 4	_____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$11	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Child 5	_____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$11	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

* Prices for bags/uniforms vary according to club (Cubbies & Sparks = \$7/\$13, T&T = \$14/\$18)

Notes:

TOTAL DUE: _____

Amount Paid: _____

Paid in Full Venmo (add \$1-\$2 fee)

Terms and Conditions: *Initial that you have read it & check yes or no accordingly.*

_____ 1. I understand that my child/children may **participate in physical activities** such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Immanuel Baptist Church and any persons involved in the Awana Club ministry.

_____ 2. In the **event of an emergency** that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child/children. *I hereby give Awana club volunteers permission to treat minor injuries with basic first aid as needed using: band aids, triple antibiotic ointment, anti-itch cream, and/or ICE.*

_____ 3. I grant permission for a photo of the above named child/children to appear in an **unpublished club directory** to be used by Awana Leaders only. *If you have a head shot that you can share, please email a copy with name of child to ibcawana@ibcpace.com.*

_____ 4. I also grant permission for **photos** to appear among other general club photos, letters and announcements as long as there is no identifying information shown, including but not limited to: slide shows, closed/private Awana group on Facebook, etc. YES NO

_____ 5. SHOOTING SPORTS: I grant permission for my child/children to participate in outside shooting sports, including **archery, BB gun, and sling shot**. If other events not listed are planned, an announced and separate permission slip will be provided for parent/guardian permission to attend the event. These events typically take the place of the AWANA games time period. YES NO

I have read and agree to the terms and conditions stated above. I agree to pay all fees in full using cash, check or Venmo.
(Venmo requires \$1 fee, minimum).

X

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Today's Date