

# KINGSTON CHRISTIAN CHURCH 2025 -2026 AWANA REGISTRATION FORM

Family Last Name: \_\_\_\_\_

Page 1

**PLEASE FILL IN COMPLETELY & LEGIBLY**

|  |       |       |                |       |  | Price          | Amount Owed   |
|--|-------|-------|----------------|-------|--|----------------|---|
| PRESCHOOLER'S Name:  |       |       |                |       | Birthdate:   | Book \$16.00   |   |
| Allergy/Medical Conditions:  |       |       |                |       |  |                |   |
| <input type="checkbox"/> CUBBIES (age 3-5) Year <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> PUGGLE (age 1-3, with permission of director)   |       |       |                |       | <input type="checkbox"/> Cubbie Vest \$16.00   |                |   |
| PRESCHOOLER'S Name:  |       |       |                |       | Birthdate:   | Book \$16.00   |   |
| Allergy/Medical Conditions:  |       |       |                |       |  |                |   |
| <input type="checkbox"/> CUBBIES (age 3-5) Year <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> PUGGLE (age 1-3, with permission of director)   |       |       |                |       | <input type="checkbox"/> Cubbie Vest \$16.00   |                |   |
| SPARKS or T&T Clubber Name:  |       |       |                |       | Birthdate:   | Book \$16.00   |   |
| Allergy/Medical Conditions:  |       |       |                |       |  |                |   |
| <input type="checkbox"/> Sparks Grade: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2  |       |       |                |       | <input type="checkbox"/> Sparks Vest \$16.00   |                |   |
| <input type="checkbox"/> Truth & Training Grade: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6   |       |       |                |       | T&T Jersey Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS \$21.00 |                |   |
| SPARKS or T&T Clubber Name:  |       |       |                |       | Birthdate:   | Book \$16.00   |   |
| Allergy/Medical Conditions:  |       |       |                |       |  |                |   |
| <input type="checkbox"/> Sparks Grade: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2  |       |       |                |       | <input type="checkbox"/> Sparks Vest \$16.00   |                |   |
| <input type="checkbox"/> Truth & Training Grade: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6   |       |       |                |       | T&T Jersey Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS \$21.00 |                |   |
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| <input type="checkbox"/> Sparks Grade: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2  |       |       |                |       | <input type="checkbox"/> Sparks Vest \$16.00   |                |   |
| <input type="checkbox"/> Truth & Training Grade: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6   |       |       |                |       | T&T Jersey Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS \$21.00 |                |   |
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| Allergy/Medical Conditions:  |       |       |                |       |  |                |   |
| <input type="checkbox"/> Sparks Grade: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2  |       |       |                |       | <input type="checkbox"/> Sparks Vest \$16.00   |                |   |
| <input type="checkbox"/> Truth & Training Grade: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6   |       |       |                |       | T&T Jersey Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS \$21.00 |                |   |
| <b>Family Dues*:</b> <input type="checkbox"/> 1 child = \$60 <input type="checkbox"/> 2 children = \$120 <input type="checkbox"/> 3 children = \$170 <input type="checkbox"/> 4 children = \$220 <input type="checkbox"/> 5 children = \$270 |       |       |                |       |  |                |   |
| Office use only  | Paid: | Date: | CA, OL, or CK# | Paid: | Date:  | CA, OL, or CK# | Grand Total \$ -  |
|  | Paid: | Date: | CA, OL, or CK# | Paid: | Date:  | CA, OL, or CK# |   |
| <b>CONTINUED ON OTHER SIDE &gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>  |       |       |                |       |  |                | Please make checks payable to<br>Kingston Christian Church, memo line:<br>AWANA |

**PLEASE FILL IN COMPLETELY & LEGIBLY**

|                         |                                |             |
|-------------------------|--------------------------------|-------------|
| Parent/Guardian #1:     | Cell Phone Parent/Guardian #1: | Home Phone: |
| Parent/Guardian #2:     | Cell Phone Parent/Guardian #2: |             |
| Address:                | City/State:                    | Zip Code:   |
| Communication Email:    | Home Church:                   |             |
| Emergency Alternate #1: | Relation:                      | Phone:      |
| Emergency Alternate #2: | Relation:                      | Phone:      |

**MEDICAL & LIABILITY RELEASE:** I, \_\_\_\_\_, the undersigned parent/guardian of the above-named child/children, acknowledge that participation in Awana activities involves risk to the Participants and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. I do authorize & consent to all medical, surgical, diagnostic, & hospital procedures as may be prescribed by a physician to safeguard my child's health, & if it is not possible to contact me in advance, I waive my right to informed consent for said treatment. I also understand that temporary emergency measures may be necessary to safeguard my child's health & do hereby authorize & request event personnel to administer such treatment procedures they deem necessary until such time as my child can be safely transported to a clinic or hospital.

I, the undersigned parent/guardian of the above-named child/children, acknowledge and accept the risks of injury associated with my children's participation in Awana activities. I accept personal financial responsibility for any injury or other loss sustained during the Awana activities, as well as for any medical treatment rendered to the Participant that is authorized by Kingston Christian Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Furthermore, I release and promise to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of Awana activities, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, I, the undersigned parent/guardian of the above-named child/children, agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant and/or the parent/guardian and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

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

**Parent/Guardian Printed Name:** \_\_\_\_\_

**DISCIPLINARY PROCEDURES:** Parents: We ask that you actively participate in making the Awana club here at Kingston Christian Church fun and exciting for everyone. You can do so by being available, here on the premises or by phone, should the time arise that your child needs parental discipline/correction. This process will not work without your participation.

"Three Count" procedures:

1. The clubber is first asked to stop behavior by any leader.
2. If behavior continues the clubber is spoken to by the Awana commander.
3. If behavior continues, the clubber's parents will be contacted and required to come to the church to take their child home immediately.

Please sign below to agree with the above procedures. Thank you.

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

**Parent/Guardian Printed Name:** \_\_\_\_\_

\*Please note: We will use photos and videos taken during club activities to promote KCC Awana in KCC documents, websites, and social media without any clubber identification information. If you would not like your children's photos used, please let us know.