Awana Clubber Registration Club Year: 2025-2026

--Please Print--



Oak Park Community Church 12050 Aberdeen St NE Blaine, MN 55449

Parent/Guardian	Number/E-mail Address	Contact Person
Name(s):	Home Phone:	
Address:	Cell Phone(s):	_
City:		
State: ZIP:	E-Mail:	_
Person(s) (other than parents) authorized to pick up the children:	Other:	_
	Emergency:*	Club Time (other than parents)
Home Church:	<u> </u>	`
I would like to be an Awana volunteer Yes No Child's First and Last Name Nickname Birth Date Grade Gender Club* Need Need Uniform		
Grind 5 7 115t data Edst (Value	die Orde Ochder Odb	Book Uniform Size
		
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Puggles (Age 1 by Sept. 1st to age 3) Cubbies (Age 3 by Sept. 1st to age 5 – the two years preceding Kinderg	arten); Sparks (Grades K, 1 & 2); 7&7 (Grades	3, 4, 5 & 6)
<u>Child</u> <u>Special Needs or Allergy Information</u>		
Dues are \$15 per child with a family maximum of \$40.	Books are \$10 each and uniforms a	re \$10 each.
Authorization and Release of Liability 1) I recognize that there are risks involved in participating in these programmers.	ams and hereby assume all risk of	Office Use
injury, harm, damage or death to my child(ren) in connection with his/her To the fullest extent permitted by law, I release OPCC, its trustees, direct	participation in these programs.	Fees:
from any injury, harm, damage or death which may occur to my child(ren programs and agree to save and hold harmless OPCC, its trustees, direct) while participating in these	Dues
from any claims arising out of my child(ren)'s participation in these progra	ams.	Book
2) Being the parent or legal guardian of the(se) child(ren), I do consent to anesthetic or dental treatment that may be deemed necessary for my child be made to content me prior to treatment, but in event that I cannot be re-	ld(ren). I understand that efforts will	Uniform
be made to contact me prior to treatment, but in event that I cannot be re permission to the program leader to make the decisions necessary for tre	eatment. Should there be no program	
leader available, I give my permission to the attending physician to treat guardian, I understand that I am responsible for the health care decision	of my child(ren) and agree that my	
insurance plan is the primary plan to pay for medical, dental, hospital car child(ren). Any insurance policy of the church or organization sponsoring		
secondary coverage. 3) I authorize OPCC to photograph or videotape my child while participat	ing in activities and give permission	Total Due
to post and display pictures and/or video of my child(ren) on their website I understand these pictures and videos may be used in a church director	e or promotional materials.	Amt. Paid
the website and/or promotional videos and release OPCC from any liabili 4) I understand that my child(ren) is expected to follow all directions give	•	Check No.
respectful to others in the program and to church property.		
5) I certify that I am the parent or legal guardian of the child(ren) registere consent to have my child(ren) participate in the Children's Ministry progra		
X		
Signature of Parent/Guardian	ate	