

Last Name _____



Clubber Registration Form
SEPT. 11, 2019 – MAY 6, 2020

Crosspointe Church

2518 South McCall Avenue • Sanger, CA
93657 (559) 800 – 1188 •

www.crosspointechurch.net

Parent(s) / Guardian

Name(s): _____ Home Phone: _____

Address: _____ Cell Phone #1: _____ Mom, Dad, Other
Please Specify

City: _____ State: _____ Zip: _____ Cell Phone #2: _____ Mom, Dad, Other
Please Specify

Church: _____ Email*: _____
**Needed to keep you updated with Club News & Special Events*

Persons (other than parents) authorized to pick up children: _____ Physician: _____

_____ Emergency**: _____
***Emergency contact during club time (other than parents)*

| <u>Child's Name up to 6th Grade</u> | <u>M / F</u> | <u>Birth Date</u> | <u>Grade</u> | <u>Allergies/Medical/Special Needs</u> |
|-------------------------------------|--------------|-------------------|--------------|--|
| _____ | ___ | __/__/__ | ___ | _____ |
| _____ | ___ | __/__/__ | ___ | _____ |
| _____ | ___ | __/__/__ | ___ | _____ |
| _____ | ___ | __/__/__ | ___ | _____ |
| _____ | ___ | __/__/__ | ___ | _____ |

I am interested in volunteering as a: ___ Leader each week and/or for ___ Special Events

Note: All AWANA Club leaders and helpers must complete child protection paperwork and are subject to a background check.

Terms and Conditions — I understand that this form covers all Crosspointe Church sponsored activities

1. I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Crosspointe Church, AWANA Clubs International and any person(s) involved in Crosspointe Church Children and Youth Ministry.
2. In the event of an emergency that requires medical treatment every effort will be made to contact me or my emergency contact. If I cannot be reached, I give permission to the Crosspointe Church volunteers to secure the services of medical professionals. I assume responsibility for all such expenses.
3. I grant permission for a photo(s) of my child/children to appear among other general Children and Youth Ministry activities or on the internet as long as there is no identifying information shown.
4. Some activities will require another permission slip. I will be made aware of all activities through email, the church website (Crosspointechurch.net), social media (Facebook page @CrosspointeSanger) and/or my child.
5. I have read and agree to the terms and conditions stated above.

X _____
Signature of Parent / Guardian

Date

Last Name _____