

Clubber Registration**Club Year: 2022-2023****- Please Print -****HFC Kids**
200 South Street
Hanover, PA 17331

Please complete and sign this form. You may use the back side if you require more space.

Please check one: My child/children will be participating _____ in-person, _____ online

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>	<u>Text?</u>
Name(s): _____	Cell Phone: _____	_____	<input type="checkbox"/>
Address: _____	E-Mail: _____	_____	
City: _____ State: _____ Zip: _____	Home Phone: _____	_____	<input type="checkbox"/>
Home Church: _____	Work Phone: _____	_____	<input type="checkbox"/>
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____	<input type="checkbox"/>
_____	Emergency*: _____	_____	<input type="checkbox"/>

* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please note any medical condition that you deem is necessary for us to know as we work with your child/children (allergies, medications, special needs, etc. - this information will be kept confidential):

I am interested in helping: ____ Weekly ____ Every other week ____ Substitute ____ For Special Events

I am interested in serving in ____ Cubbies ____ Sparks ____ T&T ____ Other

Note: All persons serving with children must submit to a background check before working with the children

Terms and Conditions

1) I understand that in all activities there is risk and I hold harmless from any legal liability, Hanover Fellowship Church, Awana, the Southern Baptist Convention 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.

PHOTO PERMISSIONS

P1) I grant permission for a photo of my child to appear in an unpublished club directory to be used by the Awana Club at Hanover Fellowship only. ____ Yes ____ No

P2) I give permission for photos/videos of my child to appear among other general church photos, on the church web site, in presentations, on sites such as FaceBook, Instagram, YouTube, etc.) & other promotional materials as long as there is no identifying information shown. ____ Yes ____ No

I have read and agree to the Terms and Conditions stated above

X _____
Signature of Parent/Guardian Date**Office Use**Information Entered in Database:
/ /

by: _____

Fees:

Book _____

Uniform _____

Total _____

Paid _____