



**2011-12 WEDNESDAY EVENING CLUB GROUPS
REGISTRATION/RELEASE FORM**



Parent or Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work or Cell Phone # _____

Emergency Contact (if parent not available) _____ Phone # _____

Email Address: _____

Current Church Home _____

Individuals Permitted to pick up the Child(ren): _____ Relationship to the Child(ren): _____

Parent/Guardian location or activity during Wednesday Evening Programming: (circle one)

Bible Study, Choir Rehearsal, Children's Ministries, Youth Ministries, Other _____

Club Group	Name of Child	M/F	DOB	Grade
Nursery (Birth - 2 yrs)				
Adventureland (2 yr-olds)				
AWANA Cubbies (Age 3 - 5) (MUST be potty trained)				
AWANA Sparks (K - 2 nd grade)				
AWANA T&T (3 rd - 6 th grade)				
Explorers (K - 2 nd grade)				
Pioneer Girls (3 rd - 6 th grade)				
Stockade (3 rd - 6 th grade)				

Yes, I am willing to serve in at least one of the following areas:

<u>Nursery</u>	<u>AWANA Cubbies</u>	<u>AWANA Sparks/TNT</u>	<u>Explorers</u>	<u>Pioneer Girls</u>	<u>Stockade</u>
<input type="checkbox"/> Team Leader	<input type="checkbox"/> Handbook leader	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Team Leader
<input type="checkbox"/> Worker	<input type="checkbox"/> Story Leader	<input type="checkbox"/> Handbook Leader	<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> Lead Teacher
<input type="checkbox"/> Substitute	<input type="checkbox"/> Game Leader	<input type="checkbox"/> Story Leader	<input type="checkbox"/> Assistant	<input type="checkbox"/> Game Leader	<input type="checkbox"/> Game Leader
<u>Adventureland</u>	<input type="checkbox"/> Game Leader	<input type="checkbox"/> Game Leader	<input type="checkbox"/> Game Leader	<input type="checkbox"/> Song Leader	<input type="checkbox"/> Song Leader
<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> Song Leader	<input type="checkbox"/> Song Leader	<input type="checkbox"/> Craft Prep	<input type="checkbox"/> Craft Prep	<input type="checkbox"/> Craft Prep
<input type="checkbox"/> Assistant	<input type="checkbox"/> Craft Prep	<input type="checkbox"/> Craft Prep	<input type="checkbox"/> Admin Help	<input type="checkbox"/> Admin Help	<input type="checkbox"/> Admin Help
<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute	<input type="checkbox"/> Attendance Sec	<input type="checkbox"/> Special Events	<input type="checkbox"/> Special Events	<input type="checkbox"/> Special Events
		<input type="checkbox"/> Admin Help	<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute
		<input type="checkbox"/> Special Events			
		<input type="checkbox"/> Substitute			

PLEASE SEE OTHER SIDE

PARENTAL CONSENT/ MEDICAL RELEASE

I, _____, being the legal guardian of child(ren) listed above, give my permission for him/her to participate in Wednesday night or related activities for the 2009-10 season, September through May, under the direction of the leaders. The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified/licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in Wednesday night events, including transportation by First Evangelical Free Church to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me.

The undersigned requests that the church allow the above minor(s) to participate in Wednesday night events and in consideration thereof, agrees to hereby release and forever discharge the church, officers, directors, employees and any persons volunteering on behalf of the church, from all actions, claims, costs, expenses, or damages of any kind growing out of, or related to the events in which the minor participates.

Signature _____ Date _____

Medical Information:

Medical Insurance Co. _____

Policy No. _____ Insurance Co. Phone Number _____

Please list any known medical conditions, allergies, and medications, etc., that your child is taking which would be helpful to those working with your child.

Child's name: _____ Allergy/Condition: _____

Child's name: _____ Allergy/Condition: _____



Conduct Code (please initial after reading _____)

It is understood that the children's workers have authority to resolve disciplinary problems that may arise and to notify parents and the Pastor of Children's Ministries.

In extreme disciplinary cases, children may be removed from the evening's activities and parents contacted in order to pick up their child. In such cases, the child would be welcome to return the following week only after approval of the Pastor of Children's Ministries.



..... I give permission for my child(ren)'s image(s) to be used in First Free's publications, video or website.

Church Office Use Only:
\$20 Participant Registration fee: Paid ____ Check # _____ Cash ____
\$60 family maximum (Registration fee does not apply to Nursery or Adventureland participants)