



# FAMILY CHURCH REGISTRATION 2010-2011

FOR KIDS IN 3<sup>rd</sup> – 6<sup>th</sup> GRADES

CLUBBER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_  
 BIRTHDAY \_\_\_/\_\_\_/\_\_\_ GRADE \_\_\_\_\_  
 PARENTS NAMES \_\_\_\_\_

## T&T ORDER FORM – CIRCLE YOUR ORDER

**UNIFORMS (required)**  
**3<sup>rd</sup> and 4<sup>th</sup> Grades**  
 \$13.00 sizes 10 - Adult XL

**5<sup>th</sup> and 6<sup>th</sup> Grades**  
 \$15.00 sizes 10 - Adult XL

## PLEASE CIRCLE YOUR CHILD'S SIZE BELOW

10    12    14    16    S    M    L    XL

## HANDBOOKS & HANDBAGS

\$8.00 – Handbooks (required)  
 \$5.00 - Handbags (optional)

## FEES PAID

HANDBOOK	\$8.00	_____
UNIFORM		_____
HANDBAG	\$6.00	_____
TOTAL DUE:		_____

\*Please make check out to "Family Church" and mark "AWANA" in the memo line

Scholarship \_\_\_\_\_ Cash \_\_\_\_\_ Check(# \_\_\_\_\_) Amount \_\_\_\_\_  
 Payment Received by \_\_\_\_\_ Still Due \_\_\_\_\_

\*\*\*ALL Scholarships must be approved by Bro. Richie or Mrs. Cindy \_\_\_\_\_

**Family Church, Inc.**  
**2500 Hwy 104**  
Pine Bluff, AR 71602  
Permission Slip  
CONSENT AND RELEASE FROM LIABILITY

I, the Parent/Guardian, of

Child DOB: \_\_\_ / \_\_\_ / \_\_\_ School Grade: \_\_\_\_\_

hereby give my approval to his/her participation in any and all activities of the church during the period of September 2010 to June 2011. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, and indemnify Family Church, Inc., its servants, and participants, as well as transporting the above named child to and from related activities, for any injury or action resulting in a medical claim. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it become necessary. I also assume responsibility of all medical expenses incurred.

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian signature: **X** \_\_\_\_\_

**MEDICAL CARE PERMIT**

I hereby authorize emergency medical care or first-aid treatment as needed for \_\_\_\_\_ in the event of illness or injury during any sponsored activity of Family Church, Inc. This permit is in effect until I give Family Church, Inc. written notice to the contrary.

Parent/Guardian signature: **X** \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance company's emergency phone: \_\_\_\_\_

**EMERGENCY INFORMATION**

	PARENTS	NEAREST RELATIVE	NEIGHBOR
NAME			
ADDRESS			
PHONE			

# **AWANA DATES TO REMEMBER 2010-2011**

## **Club Nights:**

September 1, 8, 15, 22, 29

October 6, 13, 20, 27

November 3, 10, 17

(Dismissed November 24 for Thanksgiving)

December 1, 8, 15

(Dismissed December 22 for Christmas Break and December 29 for New Years)

January 5, 12, 19, 26

February 2, 9, 16, 23

March 2, 9, 16,

(Dismissed March 23 for Spring Break)

April 6, 13, 27

May 4, 11

## **Dates for Special Events:**

November 6 – AWANA Grand Prix

December 15 - Christmas Party

February 4 - Bible Quiz (Olive Branch Church) 6PM

February 9 - Valentine Party

March 12 - AWANA Games (Watson Chapel Baptist)

May 11 - End of the Year Party

May 18 – AWANA Awards Assembly 6:30 pm

May 25 – AWANA Leader's Party 6:30 pm