

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send textmessages, please provide your Cell Phone Carrier's Name here: \_\_\_\_\_ (e.g. AT&T, Verizon, etc.)

Parent(s): \_\_\_\_\_ Home Church: \_\_\_\_\_

Address: \_\_\_\_\_ Persons (other than parents) authorized to pick up the children: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name	Relationship	Email Address	Phone	Text Ok	Cell Carrier
Primary:				<input type="checkbox"/>	
Emergency:				<input type="checkbox"/>	
Other:				<input type="checkbox"/>	

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

Child	Doctor Name and Phone	Dentist Name and Phone	Allergies / Meds / Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am interested in helping: \_\_\_\_\_ Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Monthly \_\_\_\_\_ For Special Events

Note: All Awana Club leaders, and listeners must submit to a background check before working with the children.

**Terms and Conditions**

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Pahrump Community Church 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.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

**Office Use**

Fees:

Dues \_\_\_\_\_

Book \_\_\_\_\_

Uniform \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total \_\_\_\_\_

Paid \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree **X** \_\_\_\_\_ Date \_\_\_\_\_

## AWANA ORDER FORM 2025-2026

ITEM	SIZE	QTY	PRICE	TOTAL
Cubbies Handbook - Appleseed*			\$15.00	
Cubbies Vest*			\$15.00	
Cubbies Handbook Bag			\$10.00	
Sparks Book* - HangGlider, WingRunner, or SkyStormer <i>(please circle)</i>			\$15.00	
Sparks Vest*			\$15.00	
Sparks Handbook Bag			\$10.00	
T & T Handbook - Evidence of Grace*			\$15.00	
T & T Shirt*			\$20.00	
T & T Slingbag			\$16.00	
Trek Handbook - His Story*			\$16.00	
Trek Shirt*			\$19.00	
Trek Slingbag			\$18.00	
Journey Handbook - Romans, Galatians & Ephesians*			\$25.00	
Journey Shirt*			\$20.00	
Journey Slingbag			\$18.00	
<b>Dues for Year (per clubber)</b>			<b>\$20.00</b>	
<i>* indicates required item for clubber.</i>			<b>Grand Total:</b>	

Clubber Names: \_\_\_\_\_  
*Please separate names with a comma*

Parent/Guardian Name: \_\_\_\_\_