** Registration Application**

**Calvary Syracuse. P.O. Box 3003 Liverpool, NY 13089**

[**www.calvarysyracuse.org**](http://www.calvarysyracuse.org) **l 315.451.1556 l** [**www.awana.org**](http://www.awana.org)

**Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (during club meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person(s), other than above, authorized to pick up child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **M/F** | **Age** | **Grade** | **DOB**  **mm/dd/yy** | **Allergies, Special Needs, (list below)\*\*** |
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**\*\*Additional information (re: medicines, special needs, allergies, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below I state that the above registration information is accurate, and my child is authorized to participate in the AWANA program at Calvary Syracuse.

I understand that my child(ren) may participate in physical activities such as those held during Game Time, and as with any physical activity, there is risk of injury. I fully accept the risk and hereby hold harmless from any legal liability Calvary Syracuse and any persons involved in the AWANA program. In the event of an emergency that requires medical treatment for the above named child(ren), I understand that every effort will be made to contact me or my emergency contact. However, if contact cannot be attained, I give permission to the AWANA volunteers to secure 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.

*I grant permission for a photo or video clip of my child to appear in any church related media, as long as there is no identifying information shown.*

*I grant permission for my child’s Commander and/or Leader to contact me and/or my child via email, mail, or telephone.*

Parent /Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\*NOTE: All members are responsible for registration fee ($20 for one child, $30 per family/per year), as well as cost for a new handbook ($13.50) and uniform (Cubbies & Sparkies $13.50, TNT-18.50 and TREK- $17.00).*

*Please submit payment in envelope with registration form to the church office, offering box or available AWANA Leader.*

*If you have any financial concerns, please see the Pastor, AWANA Leader or Director.*

*Thank you!*

OFFICE USE ONLY: \_\_\_ CASH \_\_\_\_ Check (payable to Calvary Syracuse w/AWANA in the memo field)

Check # \_\_\_\_\_\_\_\_\_\_\_ Amount Paid $\_\_\_\_\_\_\_\_\_