



Registration Application

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

www.calvarysyracuse.org | 315.451.1556 | 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): _____

Child's Name	M/F	Age	Grade	DOB mm/dd/yy	Allergies, Special Needs, (list below)**

****Additional information (re: medicines, special needs, allergies, etc.):** _____

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 a 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 name 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 Director and/or Leader to contact me and/or my child via email, mail, or telephone.

Parent/Guardian Signature: _____ Date: _____

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

****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: \$15 per handbook, except Trek - \$16. Uniforms: Cubbies & Sparks: \$15. TnT \$20, Trek \$19. 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 Director or Leader.

Check # _____ Amount Paid \$ _____