

Crossroads Church Awana Club Registration Form - 2020/2021 Club Year

Please PRINT

Last Name:**ONE SHEET PER FAMILY**

Parent _____	Cell _____
Parent _____	Cell _____
Address _____	Email _____
City, State, Zip _____	Email _____

Person(s) **AUTHORIZED** to pick up children (other than parents):

<i>Please print clearly</i>				<i>OFFICE USE ONLY</i>			
Clubber's	Birthdate	Gender	Grade				
Name: _____							
Medications, allergies and/or special needs: _____							
Clubber's	Birthdate	Gender	Grade				
Name: _____							
Medications, allergies and/or special needs: _____							
Clubber's	Birthdate	Gender	Grade				
Name: _____							
Medications, allergies and/or special needs: _____							
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Name: _____							
Medications, allergies and/or special needs: _____							
Clubber's	Birthdate	Gender	Grade				
Name: _____							
Medications, allergies and/or special needs: _____							
Payments:				Date	Amount	Method	Number
						cash/ck	
COVID Waiver--PLEASE READ						cash/ck	

I (we) understand the contagious nature of COVID-19 and voluntarily and knowingly assume the risk of exposure to or infection by COVID-19 that could result from my (our) attendance.

I (we) understand that wearing of masks is strongly encouraged and 6' of social distancing is required.

I also understand that I am required to notify Crossroads Church should any attendee test positive for COVID-19 within 14 days of attending an event.

In the event someone is identified that has COVID-19 and has attended an event, we will submit your name and contact information to the health department so they can notify you.

Parent Name (please print)

Signature

Date Signed