

WELCOME TO CBC AWANA!

*We are planning on an "Electronic Virtual Year"

*FOR NEW NON-CBC FAMILIES, there will be a \$20/Child Fee, plus the cost for handbooks.

*Each clubber needs to purchase a handbook (except a few Sparkies who have handbooks from last year). (Uniforms are optional.)

*Please complete this form and send Page 1 as a document or photo to CBC.AWANA10000@Gmail.com; and submit the Original 2 Pages with your payment when you pick up your book(s).

PARENT(S)/GUARDIAN(S):

ADDRESS:

PHONE#: _____ E-MAIL ADDRESS: _____

HOME CHURCH:

General Permission and Authorization: I, the undersigned, understand a fundamental portion of the Community Bible Church (CBC) AWANA program is discipleship and mentorship through consistent volunteer leaders. I understand CBC AWANA volunteer leaders will be in contact with my child(ren) listed below through an electronic source, mail, or by phone weekly to disciple, mentor, and encourage them in their relationship with Jesus Christ. I understand much of this contact will take place on designated CBC AWANA nights, but may occur other days.

Signature of Father, Mother, or Legal Guardian (Please circle one.):

Printed Name

| NAME OF CLUBBER | BIRTHDATE | SCHOOL GRADE FOR 2020-2021 | COMPLETED AWANA | CLUB | TOTAL NUMBER OF CHILDREN |
|-----------------|-----------|----------------------------|-----------------|------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | X \$20 |
| | | | | | = |
| | | | | | |

ORDER SHEET

| PRE-K, T&T, TREK | (PRE-K) CUBBIES | (3RD-6TH GRADES) T&T | (7TH & 8TH GRADES) TREK | TOTAL # OF BOOKS: | | \$12/BOOK | # OF BOOKS X \$12 |
|---|-----------------|----------------------|-------------------------|-------------------|---|-----------|-------------------|
| Number of Books | | | | | X | \$12 | = |
| | | | | | | | |
| SPARKS | HangGlider* | WingRunner** | SkyStormer*** | TOTAL # OF BOOKS: | | \$12/BOOK | # OF BOOKS X \$12 |
| Number of Books | | | | | X | \$12 | = |
| | | | | | X | | |
| *ALL 1st-Year Sparkies begin with <u>HangGlider</u> . **In 1st or 2nd Grade, <u>AFTER</u> completion of <u>HangGlider</u> ***In 2nd Grade, <u>AFTER</u> completion of <u>HangGlider</u> & <u>WingRunner</u> | | | | | | | |
| JOURNEY | | | JOURNEY | # OF BOOKS | | \$20/BOOK | # OF BOOKS X \$20 |
| | Number of Books | | | | X | \$20 | = |
| | | | | | | | |

Please add the gray boxes above.

| | | | | |
|---|---|----------------|-------------------|--|
| If you have any questions, or want to confirm your final cost, please contact Suzie Varney (Club Secretary) (619-459-5993). CBC.AWANA10000@GMAIL.COM | CASH <input type="checkbox"/> Check Box | CHECK # | TOTAL COST | |
|---|---|----------------|-------------------|--|

If we are able to assemble or have events at CBC,
the following **Information and Authorization will be needed.**

| NAME OF CLUBBER | ALLERGIES? IF YES, PLEASE LIST | CLUB |
|-----------------|--------------------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Where can you (Parent or Guardian) be reached during club and/or event time?

Emergency Contact

Name:

Phone:

Doctor

Name:

Phone:

General Permission and Authorization to Consent to Treatment of Minor

I, the undersigned, Parent or Legal Guardian, do hereby grant permission for the child(ren) named above, to attend all the Community Bible Church AWANA Club's organized outings during this club year. Should medical care be needed, I also authorize any licensed emergency personnel, doctor, paramedic, or hospital to perform any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and care which is deemed advisable by said emergency personnel, doctor, paramedic, or hospital regardless of where such diagnosis or treatment is rendered. It is understood that this authorization is given in advance of any specific need for diagnosis, treatment, or hospital care and intended to provide authority and power on the part of any Awana leader or personnel to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned emergency personnel, doctor, paramedic, or hospital in his/her best judgment may deem advisable. This authorization is made under CA. Family Code Sec. 6910.

Signature of Father, Mother, or Legal Guardian: _____

(Please circle one.)

SIGNATURE

DATE

Printed Name of Person Signing _____