



8700 Summitview Ave
 Yakima Wa 98908
 Email info@thecrosschurch.com
 Phone (509) 966-0180

FAMILY INFORMATION

Parent/Guardian First and Last Name (s): _____

Address: _____ City, State, Zip: _____

Phone Number(s): _____

Email (s): _____

*email is our primary communication for reminders and updates

CLUBBER INFORMATION

Child First Name: _____ Last Name: _____ Gender: Male Female

Club: Check one

Nursery Birth -2 years old Cubbies 3-4 years old SPARKS K-2ND TRUTH & TRAINING (T&T) 3RD- 6TH

Birthdate ___/___/___ Age: ___ Grade in Fall: ___ Medical or Special Concerns (Include Allergies):

Child First Name: _____ Last Name: _____ Gender: Male Female

Club: Check one

Nursery Birth -2 years old Cubbies 3-4 years old SPARKS K-2ND TRUTH & TRAINING (T&T) 3RD- 6TH

Birthdate ___/___/___ Age: ___ Grade in Fall: ___ Medical or Special Concerns (Include Allergies):

Child First Name: _____ Last Name: _____ Gender: Male Female

Club: Check one

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Birthdate ___/___/___ Age: ___ Grade in Fall: ___ Medical or Special Concerns (Include Allergies):

Child First Name: _____ Last Name: _____ Gender: Male Female

Club: Check one

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Birthdate ___/___/___ Age: ___ Grade in Fall: ___ Medical or Special Concerns (Include Allergies):

Child First Name: _____ Last Name: _____ Gender: Male Female

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Birthdate ___/___/___ Age: ___ Grade in Fall: ___ Medical or Special Concerns (Include Allergies):

TURN OVER

AWANA REGISTRATION FEES

Nursery Birth -2 years old NO COST

Cubbies 3-4 years old **Uniform** \$13.00 **Shirt Size** _____ **Handbook** \$13.00 **Awards for the year** \$8.00

REGISTRATION FEE COVERS UNIFORM, HANDBOOK AND AWARDS \$50.00
(IF UNIFORM AND HANDBOOK ARE NOT NEEDED, THE REGISTRATION FEE IS \$25.00)

SPARKS K-2ND **Uniform** \$13.00 **Shirt Size** _____ **Handbook** \$13.00 **Awards for the year** \$8.00

REGISTRATION FEE COVERS UNIFORM, HANDBOOK AND AWARDS \$50.00
(IF UNIFORM AND HANDBOOK ARE NOT NEEDED, THE REGISTRATION FEE IS \$25.00)

TRUTH & TRAINING (T&T) 3RD- 6TH **Uniform** \$20.00 **Shirt Size** _____ **Handbook** \$13.00 **Awards for the year** \$5.00

REGISTRATION FEE COVERS UNIFORM, HANDBOOK AND AWARDS \$50.00
(IF UNIFORM AND HANDBOOK ARE NOT NEEDED, THE REGISTRATION FEE IS \$25.00)

*Books and Uniforms can be carried over from previous years/clubs

MULTIPLE CLUBBERS

CUBBIES 3-4 years old

Uniform(s) _____ **Quantity** _____ **Shirt Size(s)** _____ **Handbook(s)** _____
Registration Fee \$50 per clubber

SPARKS K-2ND

Uniform(s) _____ **Quantity** _____ **Shirt Size(s)** _____ **Handbook(s)** _____
Registration Fee \$50 per clubber

TRUTH & TRAINING (T&T) 3RD- 6TH

Uniform(s) _____ **Quantity** _____ **Shirt Size(s)** _____ **Handbook(s)** _____
Registration Fee \$50 per clubber

Payments can be made in cash/check in person through Gina Marquis or
online @Thecrosschurch.com

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone Number _____

OTHERS AUTHORIZED TO PICK UP (NOT LISTED ABOVE)

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

PERMISSION TO RELEASE CLUBBER TO A SIBLING:

Clubbers will only be released to siblings under prior written permission from a parent and/or guardian

I give my permission for my child Name: _____ to pick up _____

Parent/ Guardian Signature _____ Date ____/____/____

*No Child will be released from the building without a parent or guardian

CONSENT AND MEDICAL RELEASE

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, an/or emergency care facility, whether such diagnosis or treatment, and hospital care, to be rendered at the office of said physician or at said hospital.

We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us (me), the parent(s), and/ or guardian(s).

We (I) understand shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume transportation costs.

This Consent and release will be in effect **starting 9/20/23** and continuing until **5/29/24**. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant(s). My signature also serves to indicate my willingness for my **Health Insurance Company _____ Policy**

_____ to be billed for any and all medical fees and services should they be needed. **Pediatrician Name is** _____.

We (I) hereby release and agree to hold harmless *The Cross Church and Awana Clubs international* from this liability.

The undersigned does hereby release and agree to hold harmless The Cross Church and Awana Clubs international and their directors, employees, agents, or representatives from any and all liabilities or claims of personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the named camp program and it's activities.

(Parent/ Guardian **Signature**)

(Parent/ Guardian **Print Name**)

____/____/____
(Date)

*** OPTIONAL DIGITAL AND MEDIA CONSENT AND RELEASE**

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the activity, namely AWANA, for use for The Cross Church.
2. Use of any stored data including my name and image in printed publications of The Cross Church.
3. Use of any stored data including my name and image in electronic publications of The Cross Church.
4. Use of any stored data including my name and image in any Web site created by or for The Cross Church for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

Name of minor(s) (please print): _____ Signature of Parent/Guardian _____

Name of minor(s) (please print): _____

Name of minor(s) (please print): _____

Name of minor(s) (please print): _____

Date ____/____/____