



Registration Application

Calvary Syracuse - 103 Grampian Road, Liverpool, NY, 13090
www.calvarysyracuse.org | 315.451.1556 | www.awana.org

Parent/Guardian Name(s) _____ Date _____
Home Address _____ Apt. # _____
City _____ State _____ Zip Code _____
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, etc.

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 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 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 the 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 per family/per year), as well as cost for new handbook (\$10) and uniform (\$10).*****
Please submit payment in envelope with registration form to church office, offering box or available AWANA Leader.
If you have any financial concerns, please see the Pastor, AWANA Commander or Director. Thank you!

OFFICE USE ONLY: ___ Cash ___ Check (payable to Calvary Syracuse w/AWANA in the memo field) / Check # _____ Amount Paid \$ _____