



2005 - 2006

Clubber Registration

Child's Name - LAST: _____ FIRST: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____

Dad's/Guardian's Name: _____

Full Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Mom's/Guardian's Name: _____

Full Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Cubbies 3-5 years pre-K

Sparks - Kindergarten

Sparks - 1st Grade

Sparks - 2nd Grade

T&T Girls Club 3-6 Grade

T&T Boys Club 3-6 Grade

**Please fill in
ALL
information!**

continued on back ...

Please tell us what church, if any, you attend: _____ City: _____

To the best of your knowledge, has the Clubber accepted Jesus Christ as his/her Savior? _____ if so, when? _____

Does Clubber attend Sunday School? ____ YES ____ NO.

Trinity Evangelical Free Church
P.O. Box 1208, 890 Abrams Road
Eustis, FL 32726

Awana Clubs Release Form

The Awana Clubber registered on the reverse side has my permission to participate in Awana and its activities. I understand that every reasonable precaution will be taken for the health and safety of my child and hereby release Trinity Evangelical Free Church from liability.

Signature (parent or guardian)

In case of emergency, please notify:

Name: _____ Home Phone: _____ Cell: _____

Are there any medicine(s) or physical problems? Please list below medicine(s) and/or illness:

I, _____, do hereby give my permission for the above child to receive emergency medical treatment while in the Awana ministry at Trinity Evangelical Free Church.

Signature (parent or guardian)