



**Mt. Olive Lutheran Church**  
**Awana Clubs**  
**2021 - 2022 Registration**

Name of child: _____	Name of child: _____	Name of child: _____
Sex (circle one): Male / Female	Sex (circle one): Male / Female	Sex (circle one): Male / Female
Birthday (mm/dd/yyyy): _____	Birthday (mm/dd/yyyy): _____	Birthday (mm/dd/yyyy): _____
Age (as of Sept. 1 <sup>st</sup> ) _____	Age (as of Sept. 1 <sup>st</sup> ) _____	Age (as of Sept. 1 <sup>st</sup> ) _____
School: _____	School: _____	School: _____
Grade (Fall 2021): _____	Grade (Fall 2021): _____	Grade (Fall 2021): _____

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Dad's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Christian: Yes / No  
 Mom's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Christian: Yes / No

Home Church: ●Mt. Olive Lutheran Church ●Other \_\_\_\_\_ ●None  
 Circle Club: ● Sparks (pre K - 2<sup>nd</sup> Grade) ● Truth & Training (3<sup>rd</sup>-5<sup>th</sup> Grade)

Annual Registration Fee: **\$85**; early registration-**\$75** per child **before** 8/1/2021.

Weekly Dues: \$1.00 per child at club nights

Please make checks payable to: **Mt. Olive Lutheran Church** (Memo line: **AWANA**)

If your children have attended Awana club elsewhere, please provide the church's name/city so we can retrieve their records: \_\_\_\_\_.

**Drop-Off/Pick-Up:**

● I understand that my child(ren) must be personally escorted to and from his/her leader each week.

Other than parents, who has permission to drop-off/pick-up your child(ren)? \_\_\_\_\_

**Emergency Information and Medical Release:** *In the event that my child is injured while under the care of the Mt. Olive Lutheran Church's Awana Club and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary.*

***2nd Emergency Contact (when the parent, guardian or primary contact on the record cannot be reached):***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***Allergies, Medications, Medical Information or Special Needs (Please include food allergies):***

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**Liability Release:** *I understand that participation in Awana carries certain physical risks and do hereby release Mt. Olive Lutheran Church, AwanaClubs International, and their representatives from any liability due to accident or injury incurred by my child. I also authorize Mt. Olive Lutheran Church and Awana Clubs International to publish images/photos on their websites and brochures for promotional purposes. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.*

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Awana offers a fun approach for early evangelism and discipleship. It's a scripture-based program with a gathering time, Small Group time and exciting games that all promote Bible literacy and help kids develop lifelong faith in Christ.

Awana is for Kids Preschool through grade 6.

Fridays 6:30-8:00 PM (September - May)

AWANA stands for Approved Workman Are Not Ashamed (2 Timothy 2:15)

To Register: Fill out the form on the back and return to Mt. Olive Lutheran Church.

• Mt. Olive Lutheran Church •  
5975 Armaga Spring Road, Rancho Palos Verdes  
• (310) 377-8541 • MtOliveRPV.com •

For more information or if you would like to participate as an Awana leader or helper Contact Julie at 310-489-1969

• AWANA Clubs International • [www.awana.org](http://www.awana.org) •

Mont Olive Lutheran Church would like to take or use previously taken photographs of children participating in activities at Mount Olive. These photographs may appear on our website, Facebook page, or in publications.

Before using any photograph of your child either by himself or in a group activity, we need your permission. Please answer the question below by circling a yes or a no, then sign and date the form where shown. Please return the form to Julie Kurtz, Awana Coordinator

May we use your child's photograph for a Mount Olive publication?    YES    /    NO

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_