



Puggles Clubber Registration

(For Leaders children only, ages 2 – 3)

Clubber's
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Gender: ☐ Male ☐ Female

Birth date: _____ Age: _____

Name of church clubber attends: _____

Email Address: _____

Parent/Guardian Information:

Name	Phone 1	Phone 2

****Where on campus will parent/guardian be located during Awana:**

Additional Emergency Contacts (if above cannot be reached)

Name	Relationship	Phone 1	Phone 2

Special medical/allergy instructions:

Order Form

Item	Each	Qty	Cost	Amount
REGISTRATION FEE** (one per year per person)	\$20.00	1	\$20.00	
TOTAL				

Official Use Only

Payment Date	Amount	Cash	Online	Check #
		<input type="checkbox"/>		
		<input type="checkbox"/>		

The Church at Arrowhead

Children's Ministry

Participation Agreement

Event: AWANA
Event Date: August 2019-2020
Name of participant: _____
Address: _____
Telephone: _____
Parent/Guardian Name: _____
Cell Phone: _____ Other: _____

In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury or loss associated with participation in and transportation to/from or during the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or loss sustained during the activity or during transportation to/from or during the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteer, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury or loss related directly or indirectly out of the described activity or transportation to/from or during the activity, whether such injury or loss arises out of the negligence of the Sponsor or otherwise.

In case of accident or illness, I give authority to Sponsor to obtain medical attention for Participant, as deemed necessary. I understand that my medical insurance is the primary insurance for any injury or loss.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

It is also understood that during taking part in the above activity that the Participant may be photographed, videotaped or recorded. It is hereby agreed that any such photographs, video tapes and recordings are the property of TCAA and may be used as it sees fit, including on the Internet or social media.

Signature: _____
(Participant or parent/guardian if participant is a minor)

Date: _____