

**Awana Club Registration Form**

Club Calendar: Aug 22, 2025 – May 15, 2026

Time: 7:30 – 9:25 pm (Friday night)

**Chinese Church in Christ – Tri Valley**

5064 Franklin Dr. Pleasanton, Ca 94588

Tel: 925-467-1580

Form revised: 7/21/2025



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Child's Name (First, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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Indicate if Returning or New Student: Returning ( ) or New ( )

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**Parent information:**Father \_\_\_\_\_ Cell# \_\_\_\_\_ Father E-Mail: \_\_\_\_\_Mother \_\_\_\_\_ Cell# \_\_\_\_\_ Mother E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Language speaking: \_\_\_\_\_

Home group#: \_\_\_\_\_

Have you been baptized? Yes \_\_\_ or No \_\_\_

Persons (other than parents) are authorized to pick up the children: Cell# \_\_\_\_\_

Emergency contact (other than parents) name: \_\_\_\_\_

Clubber \_\_\_\_\_ Doctor Name and Phone \_\_\_\_\_ Dentist Name and Phone \_\_\_\_\_ Medical (allergies, meds, special needs) \_\_\_\_\_

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**Fees (for each registered child):**

\$50 Registration fees, \$15 Book, \$25 uniform.

Children of Leader: Registration fees waived,

**Please make check payable to CCIC Tri-Valley.**

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**Terms and Conditions:**

- 1) I understand that my child/children may participate in physical activities during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, CCIC-TV and any people involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above-named child/children, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my 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.
- 3) Each time I give permission for my child \_\_\_\_\_ to the Club leader to participate all events in the Awana Program.

I have read and agree to the terms and conditions stated above.

X

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use**

Check # \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$50Book: \$15Uniform: \$25