



## Returning Family Registration

### First United Methodist Church of West Allis

### 2024-2025 Registration Form

Clubber Information			
Clubber Last Name:		First Name:	
Address:		City:	Zip:
Grade in Fall 2024:	Birthday:	Age:	
Allergies?			
Medical Condition/Special Instructions:			
Enroll In:			
			
Parent/Guardian Information			
Parent/Guardian Last Name:		First Name:	
Address:		City:	Zip:
Cell Phone:	Email:		
Parent/Guardian Last Name:		First Name:	
Address:		City:	Zip:
Cell Phone:	Email:		
Pricing Information			
<b>Cubbies Registration Fee (Includes Handbook &amp; Vest)</b>	<b>\$10.00</b>	<b>QTY:</b>	<b>Total:</b>
Vest Size: Sm___ Med___ Lg___ Xlg___			
<b>Cubbies Bag (Optional)</b>	<b>\$7.00</b>	<b>QTY:</b>	<b>Total:</b>
<b>Sparks Registration Fee (Includes Handbook &amp; Vest)</b>	<b>\$10.00</b>	<b>QTY:</b>	<b>Total:</b>
Vest Size: Sm___ Med___ Lg___ Xlg___			
<b>Sparks Bag (Optional)</b>	<b>\$7.00</b>	<b>QTY:</b>	<b>Total:</b>
<b>TnT Registration Fee (Includes Handbook &amp; Shirt)</b>	<b>\$10.00</b>	<b>QTY:</b>	<b>Total:</b>
Jersey Size: Yth Sm___ Med___ Lg___ Adult Sm___ Med___			
<b>TnT Sling Bag (Optional)</b>	<b>\$9.00</b>	<b>QTY:</b>	<b>Total:</b>
<b>TREK Registration Fee (includes handbook and T-shirt)</b>	<b>\$10.00</b>	<b>QTY:</b>	<b>Total:</b>
T-Shirt Size: Adult Sm___ Med___ Lg___ XL___ XXL___			
<b>TREK Sling Bag (Optional)</b>	<b>\$19.00</b>	<b>QTY:</b>	<b>Total:</b>

A child's attendance/or participation should not be hindered because of monetary concerns. If there is a need, please contact the church office at 414-774-5500 or fumcwaoffice@fumcwa.org.

**Family Total** \_\_\_\_\_

\*Make checks payable to FUMCWA

# AWANA Club Rules

1. Flag ceremony starts at 6:15pm
2. All clubbers are to check in at their club registration tables prior to the flag ceremony. Clubbers are urged to be on time.
3. Clubbers that arrive prior to 6:15pm are to play and talk quietly under the direction of the AWANA Leaders. (Note: Upon arrival , clubbers are not to leave the building or designed area unless accompanied by their leaders for official AWANA activities. Clubbers caught skipping will receive an automatic suspension. This rule is for the safety of the kids and the welfare of the club.)
4. During the flag ceremony, all clubbers are to stand at attention, being quite and respectful.
5. Good conduct, courtesy, and cooperation must be continued the entire club evening. Each clubber's behavior can result in extra points for their color team.
6. Using the 5-count will be the means for getting everyone's attention. When the leader counts 1, all leaders and clubbers are to stop talking and stop moving before the count gets to 5.
7. The 3-count will be used for the unruly clubber. A "1" is a verbal warning; a "2" is a 5 minute time-out away from the other children; a "3" means the clubber will be removed from the rest of club night and placed under the care of an adult leader. The parents will be called and the child will be sent home.
8. We ask that the parents/guardians of All clubbers come into the building to pick up their children. Clubbers will not be released until their parent/guardian comes to get them. If the child is to be picked up by someone that is not listed on registration form, you MUST send a note giving them permission to do so.

---

I HEREBY GIVE PERMISSION for my child to participate in all regular AWANA Club night activities, as well as various AWANA special events and practices at dates and times other than the usual AWANA hours. The additional events might include: AWANA Spark-A-Rama, AWANA Games, Bible Quizzing, practices for events, Handbook Camps, special club outings, etc.

I HAVE REVIEWED CLUB RULES as listed above with my child, should my child be disrespectful to leadership or break club rules, I agree to come and pick up my child from club.

I AUTHORIZE the use of any photography of AWANA activities including my minor child/children to be used in First United Methodist Church of West Allis, displays, Facebook, brochure, and website.

EMERGENCY MEDICAL AUTHORIZATION: I hereby give the leadership at First United Methodist Church of West Allis my permission as a parent/guardian to authorize emergency medical, dental, or surgical treatment, including emergency transportation to and from a medical facility, in the event that I cannot be reached. I understand that my medical insurance is the primary carrier for my children.

**Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

**OFFICE USE ONLY:** Registration received by: \_\_\_\_\_ Date: \_\_\_\_\_