



# AWANA Club

## meets weekly

ARLINGTON CHINESE CHURCH  
Cubbies Registration Form

Child's Name(English & Chinese) \_\_\_\_\_ Birthdate \_\_\_\_\_ Languages Child Understands \_\_\_\_\_  
(Include Year)

Parents' Names(English & Chinese) \_\_\_\_\_ Languages Parents Understand \_\_\_\_\_

Home Address(include city & zip code) \_\_\_\_\_ Home Phone(include area code) \_\_\_\_\_

\*\*\*Omit information of address/phone if this information is currently correct in ACC directory already\*\*\*

\*\*\*IMPORTANT!!!!\*\*\*

Do NOT leave blank. Please choose one response where you can be reached on Friday night during AWANA Club:  
Arlington Chinese Church(which fellowship/group/room?) \_\_\_\_\_ Other(phone: \_\_\_\_\_)  
Home \_\_\_\_\_ Work(work phone: \_\_\_\_\_)

Please indicate any medical history and/or allergies Awana leaders need to know about your child:

By signing my/our name(s) below, I/we are agreeing to the following:

1. In the event of a medical emergency and I/we cannot be located, I/we hereby give authority and consent to medical treatment for my child as may be needed in the judgement of the treating physician. In agreement and consideration of my child's participation in the AWANA Clubs, I/we hereby release and forever discharge the church and it's staff from any liability arising from my child's participation in the Clubs.
2. In accordance with the Cubbie requirements for parent participation, I/we understand that my/our help and participation in the parent rotational program for Cubbies is mandatory and that there will be no exceptions to this requirement other than if a parent is serving as a full-time leader in any of the AWANA clubs. I/we also understand that failure to serve in Cubbies at our designated times will result in the dismissal of my child from the AWANA Cubbies Club.
3. I/we pledge to adhere to the Cubbies schedules and policies throughout the Club year.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
在上面簽名，表示我同意：

1)在有緊急需要而與我聯絡不上時，我授權予當診的醫師，以他的判斷，為我的孩子作治療。我是經過考慮並同意讓我的孩子參加AWANA團契，因此不須要教會或其同工因為我的孩子的原故，負上任何法律責任。

2)我明白CUBBIES團契要求每位家長幫忙及參與，輪流協助CUBBIES的活動。除非家長本身是全職AWANA導師，否則絕無例外；我亦明白若我不能實行此項規定，我的孩子將會被取消參加AWANA團契的資格。

3)我願意在未來一年中按照團契的時間表接送孩子，並遵守團契的守則。

## Christ for Boys and Girls