

2011 Southern Wisconsin

T & T AwanaGames™ Registration

Please Print Neatly - -

Church _____ City _____

Contact Person _____ Phone _____

Contact's Address _____ Zip _____

Email address **(required)** _____

Each church is required to provide at least 3 volunteers per team. 2 to serve as a scorekeeper, concession, sales, or other position and 1 as a Line Judge or Circle Director
Volunteers should check In at the volunteer registration table ½ hour before the event begins

- | | | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> 3/19 Milwaukee
Heritage Christian
School
12:00 P.M. | <input type="checkbox"/> 3/26 Madison
Abundant Life
Christian School
12:00 P.M. | <input type="checkbox"/> 4/2 Baraboo
Jack Young
Middle School
12:00 P.M. | <input type="checkbox"/> 4/9 Union Grove
Union Grove
High School
12:00 P.M. | <input type="checkbox"/> 4/16 Janesville
Milton High
School
12:00 P.M. |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

_____ Coed Team(s) _____ Girls Team(s) _____ Boys Team(s)

Cost: \$35 per full team
\$45 per Coed team
**\$30/\$40 PER TEAM IF REGISTRATION
IS POSTMARKED 3 WEEKS BEFORE THE EVENT**

Enclose registration form along with registration fee.

Total enclosed: \$ _____

Please make checks payable to Awana.

Please mail completed form, and mail along with a check for amount due to:

Tim Thomas ♦ 750 Summerset Dr. ♦ Johnson Creek, WI 53038

See website for additional information. www.awanaswi.org

Questions: timt@awana.org or 920-699-1977



**Parental Consent and Release of Liability
Please Print and Provide All Information Requested**

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Please return this form to your coach/coordinator before each Event.

To Be Filled Out By the Church – Please Print

Child's Name: _____ Church Name: _____

City/State _____ Coach: _____

Date and location of the Event the Child is attending: _____ Child's Birthdate: _____

Date: _____ Location: _____

TEAM STATUS: Circle One: SPARKS (T&T)BOYS (T&T)GIRLS (T&T)COED TREK JOURNEY QUIZ GRANDPRIX OTHER _____

I understand and agree that participation in "AwanaGames," "Sparks-a-Rama" or "Awana Bible Quiz" ("Event") is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend Event

I hereby give permission for my Child to attend and participate in the Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Illinois.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at Event? Yes No If yes, please provide details: _____

Media Release

I understand that at this event or related activities, my Child may be photographed. I agree to allow my Child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the church.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Cook County, Illinois.

Parent or Guardian Signature

Date Signed

Printed Name and Phone Number

Emergency Contact: Name and Phone Number



DAY EVENT - VOLUNTEER INFORMATION AND RELEASE OF LIABILITY

EVENT NAME _____

EVENT DATE/LOCATION _____

Thank you for working today with Awana Clubs International ("Awana"). We greatly appreciate your assistance and dedication in reaching out to children so that they would know, love, and serve Jesus Christ. Awana takes the safety of you and the children we serve very seriously. Before you can participate in an event, you must complete this form.

CHILD PROTECTION BACKGROUND SCREEN

Have you ever been convicted of or pled guilty to a crime, other than a minor traffic violation? Yes No

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing, injuring or molesting any child? Yes No

Have you ever been treated for an addiction to drugs, alcohol, pornography or some other substance or destructive behavior? Yes No

Have you ever been included on a child abuse/neglect registry? Yes No

Have you ever been included on a sex offender registry or treated as a sex offender? Yes No

If your answer to any of the above questions is 'Yes,' you may not serve at today's event. Ask your missionary how you may serve at future events.

RELEASE OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed in favor of Awana Clubs International, an Illinois not-for-profit corporation, its directors, officers, employees and agents (collectively, "Awana").

You desire to work as a volunteer for Awana and engage in the activities related to being a volunteer (the "Activities"). You understand that participation in the Activities may include strenuous physical activity, and hereby freely, voluntarily, and without duress executes this Release under the following terms:

Medical Treatment: You hereby release and forever discharge Awana from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the your Activities with Awana.

Release and Wavier: You hereby release and forever discharge and hold harmless Awana and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your Activities with Awana Clubs International.

You understand that this Release discharges Awana from any liability or claim that you may have against Awana with respect to any bodily injury, personal injury, illness, death or property damage that may result from your Activities with Awana, whether caused by the negligence of Awana or its officers, directors, employees or agents or otherwise. You also understand that Awana does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Assumption of the Risk: You understand that the Activities may involve risk of property damage and of personal injury, illness or even death. By signing this Release of Liability, you warrant that you are fully capable of safely participating in all Activities, and you expressly assume the risk of injury or harm in the Activities and release Awana from all liability for injury, illness, death or property damage resulting from the Activities.

Photographic Release: You hereby grant and convey unto Awana all rights, title, and interest in any and all photographic images and video or audio recordings made by Awana during your Activities with Awana.

You expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Illinois and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois.

I affirm that all answers I have provided on this form are true and accurate.

Signature

Date

Volunteer - Print Name

Phone Number

*If volunteer is under age 18, parent/guardian must also sign and date below:

Parent/Guardian Signature

Date

*If you would like to receive updates regarding Awana ministries, please include the following:

Address/City/State

Email address

In case of emergency, please contact:

Name: _____

Relationship to volunteer: _____

Phone Number: _____