



Information

Parents,

The Sparks club will be participating in Sparks-A-Rama again this year on March 19th. This will be our 5th year to take part in these exciting Olympic-type events with churches from all over Western North Carolina. We would like for all of our Awana clubbers in Sparks to be a part of our team this year.

The requirement to be a part of the team is that each member must have completed at least 10 sections in their books, since September, before the day of the event. This is very doable and ensures that all team members are legitimate members of the club. In this packet we have included:

- Registration Form
- Travel Release Form
- Medical Release Form
- Awana Release Form

Travel and Medical Release forms are only required if a parent will not be accompanying them on the bus or to the games. Go ahead and fill both out just in case.

Please complete these forms if your child will be participating. The deadline for registration is Sunday night, February 13th.

This is a great opportunity for your children to have fun with other Sparks clubbers from other churches and we hope that they will join this year's team.

In Christ,

Joe Freeman
Awana Commander & Children's Pastor
Faith Missionary Alliance Church



March 12

Registration



March 19

Please check the box for the club that your child is in



Child's Name _____

Date of Birth _____ Grade _____ Age _____

Current Handbook _____

T-Shirt Size _____

Parents' Names: _____

Contact Phone Number: _____

Family Email: _____ please include this for easy contact

Please list any medical conditions which may affect your child in a sporting event:





Faith Missionary Alliance Church Medical Release Form



Child: _____ Date of Birth: _____

PARENT/GUARDIAN AUTHORIZATION

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to child

Name Phone Relationship to child

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Mr./Mrs./Ms.

Authorized Parent/Guardian Signature



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