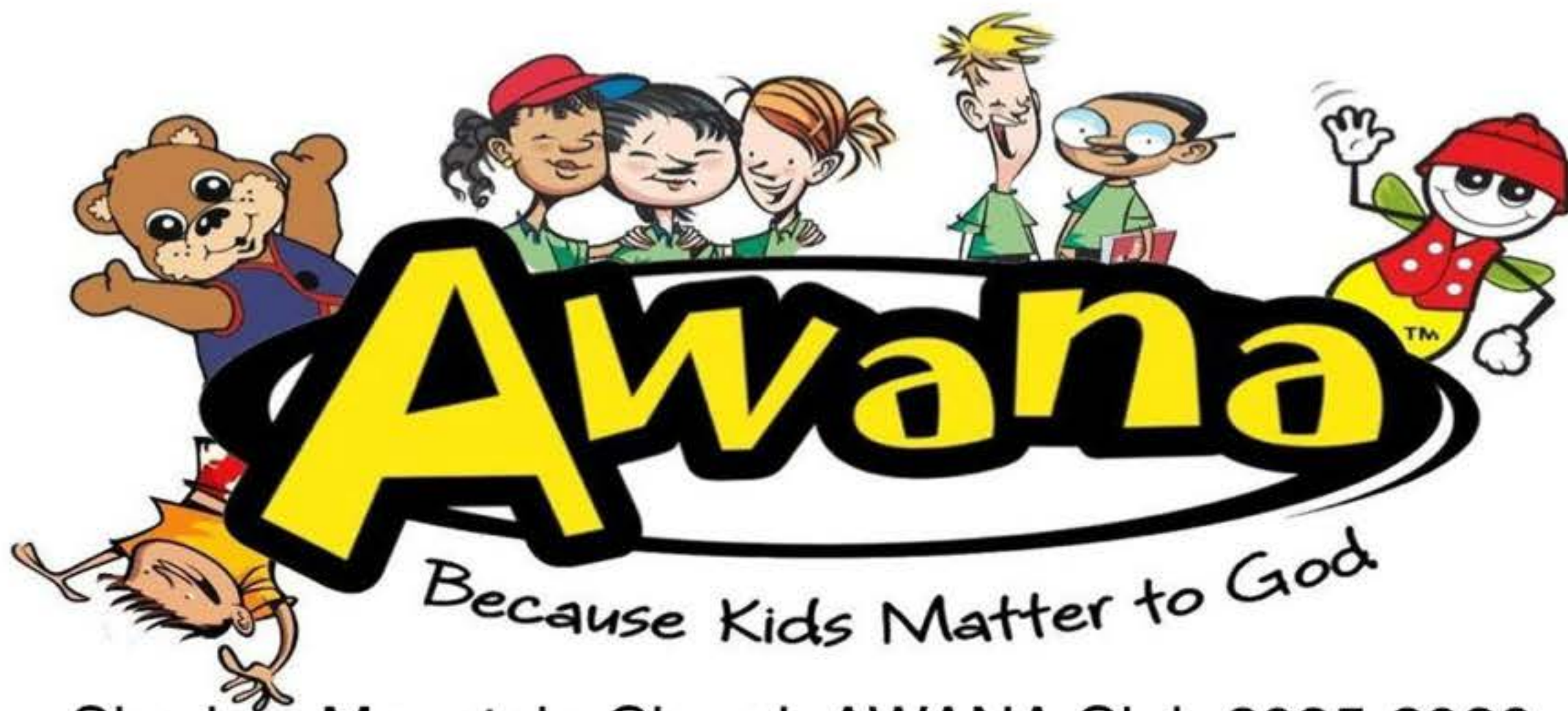




Shadow Mountain Church AWANA Club 2025-2026

To All Interested Families:

Our AWANA Club year begins on September 11, 2025 and meets each Thursday evening through May, from 6:15-8PM. We have programs for Cubbies (3&4 year old children) Sparks (Kindergarten - 2nd Grade), and T&T (Grades 3-6). We also offer Trek (Grades 6-8) and Journey (Grades 9-12) on Thursday evenings from 6:15-8PM.

A typical AWANA Club Night has three components: Games, Small Group Time (Scripture recitation & lesson) and Large Group Time (Bible Lesson, Worship Music and Awards). The goal of AWANA is to help children Know, Love and Serve Jesus Christ.

We ask for a Family Registration/Emergency Contact form to be completed each year in order to keep the information current (this form is attached).

There is a small annual Club Dues of \$30 per student to help cover Handbooks, Uniforms, Awards and supplies.

Please make all checks payable to Shadow Mountain Church with AWANA in the memo line.

Please turn registration and any payments to Shawna Sargis.

We are looking forward to seeing your child at AWANA this upcoming year!

Shawna Sargis  
SMC AWANA Ministry Director  
Phone: text or call (775)790-8269  
Email: shadowmountainawana@gmail.com





# Shadow Mountain Church 2025-2026

## AWANA Registration and Medical Release Form

Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Names of Child(ren): \_\_\_\_\_ Birthday with year \_\_\_\_\_ Medicine & Food Allergies (please write N/A if none): \_\_\_\_\_

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|--|--|--|
|  |  |  |
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|  |  |  |
|  |  |  |

### Emergency Contact Information:

Father/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If unable to contact above Emergency Contact, call:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

### Medical Information and Releases:

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I hereby grant \_\_\_\_\_ do not grant \_\_\_\_\_ (check one) permission for SMC to use pictures of my child(ren) on their website for information and promotional purposes. Initials \_\_\_\_\_

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

**\$30 fee for each child to pay for book, uniform and other fun activities during the year**

**Does your child need a new shirt?**

Child's name \_\_\_\_\_ size \_\_\_\_\_ Child's name \_\_\_\_\_ size \_\_\_\_\_

Child's name \_\_\_\_\_ size \_\_\_\_\_ Child's name \_\_\_\_\_ size \_\_\_\_\_