

AWANA REGISTRATION FORM 2015-2016 (PLEASE PRINT)

<u>Child's Last Name</u>	<u>First</u>	<u>MI</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>	<u>Grade</u>
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				/ /		
				/ /		
				/ /		

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ is there anyone specific with whom the children listed above are not allowed to leave the premises? Yes ___ OR No ___ Who? _____

If you regularly attend a church, which one? _____

Father/guardian Information: E-mail address _____

Last Name _____ First Name _____ MI _____

Does he live with child _____ Relationship to child _____

Home phone (_____) _____ Cell (_____) _____ Work phone (_____) _____

Employer _____ Title _____

Mother/guardian Information: E-mail address _____

Last Name _____ First Name _____ MI _____

Does she live with child _____ Relationship to child _____

Home phone (_____) _____ Cell (_____) _____ Work phone (_____) _____

Employer _____ Title _____

Primary emergency contact OTHER than above: Name _____ Phone _____

Release: Are there any disabilities, handicaps, present injuries or limitations, allergies, or any other significant medical conditions? Yes ___ OR No ___

If yes, please state name & condition(s): _____

To have family doctor contacted in case of emergency: Doctor Name: _____ Phone : (_____) _____

Emergency Authorization: I, the undersigned parent or legal guardians of the participant, a minor, hereby authorize the staff and volunteers as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital.

Authorized Signature: ~~X~~ _____ Date: _____

Waiver of Liability: I, the parent or guardian of the above named individual(s), acknowledge that programs sponsored by this church are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the above named individual(s) and permitting the voluntary participation of said individual(s) in its programs, I hereby release, discharge, and hold harmless this church, it's staff, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual(s) while participating in church functions including any physical injury by the negligence of any staff or volunteer while performing his/her duties during any function. Signature of Parent or Guardian: ~~X~~ _____ Date: _____

Visual/Audio Image Permission: We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child during the activities attended by them to be used, distributed or shown as the church deems appropriate.

Signature of Parent or Guardian: ~~X~~ _____ Date: _____