



AWANA REGISTRATION
Year: 2020-2021

Office Notes: <input type="checkbox"/> Paid Amount: _____ <input type="checkbox"/> Check Number: _____ <input type="checkbox"/> Cash

Name _____ Age _____ Grade _____ Date of Birth _____ Gender _____

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Street Address/Apt. _____

City, State, and ZIP code _____

School _____ Church Home _____

Home phone _____ Cell phone (primary) _____ (secondary) _____

Father & Mother/Legal Guardian _____
(Primary emergency contact - include phone number if different from above)

Secondary emergency contact (name and number) _____

Person(s) authorized to pick up child _____

Specific allergies, chronic illnesses, or other conditions we should be aware of _____

E-Mail Address _____
(For Awana communications, e.g., newsletters, club cancellations or break reminders – Please **print** legibly)

All children need a uniform and a book per their grade level. Cost is \$30.00 per student.

Make checks out to WayCross Church. Send money with registration forms by **September 9th.**

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child(ren) named above may be in need of first aid or emergency medical treatment as a result of an accident, injury, illness or other health condition. I do hereby give permission for agents of Rose Hill Alliance Church to seek and secure any needed medical attention or treatment for the child(ren) named above including hospitalization if, in the agent's opinion, such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery.

Release of Liability

By signing this Permission and Waiver Form, I attest that the child(ren) named above are capable of withstanding both the physical and mental demands of Awana activities. I also expressly assume all risks to the child(ren) participating in the activities, whether such risks are known or unknown to me at this time. I further release WayCross Church and its minister, leaders, volunteers and agents from any claim that my child(ren) may have against them as a result of injury or illness incurred during the course of participation in Awana activities. This release of liability is also intended to cover all claims that members of the child(ren)'s or family or estate, heirs, representatives or assigns may have against the church or its minister, leaders, volunteers, or agents. I further agree to indemnify and hold harmless the church and its minister, leaders, volunteers, or agents from any and all claims arising from or as a result of injury or illness of my child(ren) during such activities.

Photo Permission Form

WayCross Church uses photos to promote ministries and events via the church webpage, classroom displays, and Awana awards slideshow. Please indicate your permission with an **X**:

- Yes**, you may use my child(ren)'s pictures in the ways defined above.
- No**, I do not want my child/ren to have their pictures used as defined above.

I agree to the above statements regarding first aid and emergency medical treatment, release of liability, and photo permission:

Father/Mother/Legal Guardian's signature

Date

If at any time you wish to change your decision, please contact the church office at waycrosschurch@gmail.com.

Office notes: