



REGISTRATION FORM

2016-2017

PARENT/GUARDIAN INFORMATION

PARENT NAME: _____
 ADDRESS: _____
 CITY: _____
 HOME CHURCH: _____

HOME PHONE: _____
 CELL PHONE: _____
 EMAIL: _____
 PREFERRED WAY OF CONTACT: _____

EMERGENCY CONTACT

NAME: _____
 RELATION TO CHILD: _____
 PEOPLE APPROVED TO PICK UP MY CHILD(REN): _____

HOME PHONE: _____
 CELL PHONE: _____

CHILDREN

NAME	BIRTH DATE	AGE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL CONDITIONS OF CHILD(REN): _____

AMOUNT PAID: _____

TERMS AND CONDITIONS:

1. I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability First Slavic Baptist Church of Charlotte and any persons involved in the Awana ministry.
2. I give permission for Awana volunteers to administer first aid to my child/children. In the event of an emergency that requires medical treatment of the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we can not be reached, I hereby authorize Awana volunteers to obtain and consent to on my behalf any emergency services or medical care by a licensed physician or hospital to provide the care necessary for my child/children's well being. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child/children listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. Furthermore, I assume all costs connected to any accident or treatment of my child/children.
3. I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana leaders only. I also grant permission for photos of my child to appear among other general club photos on the web page of First Slavic Baptist Church, printed material or other church media as long as there is no identifying information shown.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

OFFICE USE ONLY: CHILD 1 - _____ CHILD 2 - _____
 CHILD 3 - _____ CHILD 4 - _____