

AWANA 2008-2009 Registration Form

Important Note: Parent/Guardian's signature required for participation

Fee: \$25.00 per student per year

| | Student's Name | Birthday | Age | Grade | Allergies/Medical | Paid |
|----|----------------|----------|-----|-------|-------------------|------|
| 1. | | / / | | | | |
| 2. | | / / | | | | |
| 3. | | / / | | | | |
| 4. | | / / | | | | |
| 5. | | / / | | | | |

Total Paid _____

Balance Remaining _____

Parent/Guardian's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Where is the best place to contact you when your child is attending AWANA? _____

Emergency Contact (other than parent) Name: _____ Phone: _____

As the parent/guardian of the named child, I hereby give my permission for him/her to participate in the named event. I will commit to direct my child to cooperate fully, and submit to the direction and authority of the appointed leaders. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by Castle Hills Christian Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Castle Hills Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Parent/Guardian Signature: _____ Date: _____