

Child's Name _____

Kindergarten

Date of Birth: ___/___/___ Age ___ Male Female

1st grade

Address _____

2nd grade

City _____ Zip _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Parent is volunteering as: Leader Listener other: _____

Parent's location during club: Cubbies Sparks T&T other: _____

Siblings that attend Awana: (Name & grade) _____

Church child attends: _____

Who usually brings this child to Awana? _____

Any other persons authorized to retrieve child: _____

Any other useful information on your child: _____

Vest size: Small Medium Large X-Large XX-Large XXX-Large

(OVER) 

Do not write in box:

Club Fee:

\$49.00 (includes registration, book, vest, awards, etc.)

Paid on ___/___/___ Paid by: Cash ___ Check # _____

\$39.00 (includes everything above except vest)

Paid on ___/___/___ Paid by: Cash ___ Check # _____

Secretary Initials: _____ (make checks payable to Westminster Chapel)

PERMISSION TO PARTICIPATE, RELEASE, MEDICAL CONSENT AND PAYMENT OF EXPENSES

1. We/I, the undersigned parent(s) or legal guardian(s) of the Child identified in this Form, grant permission for the Child to participate in the program at Westminster Chapel (the "Church"). We/I understand that the program includes Awana Game Time, Handbook Time and Council Time.
2. Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in all church-related social activities. They also agree not to hold this church, its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the Medical Practice provisions of the state of Washington or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the Dental Practice provisions of the state of Washington. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an adult sponsor of Westminster Chapel.
3. Westminster Chapel has the right to use any photo and/or any film taken of my son/daughter in any Westminster publication / film / website. I realize that any photos and/or film taken of my child will be used for promotional ministry only and will not be distributed beyond this use.

I give my consent to the Release of Photos/Video _____
I do not give consent to the Release of Photos/Videos _____

This document contains a release and waiver of liability. Please read carefully before signing.

Parent/guardian signature _____ date _____

Emergency Contact _____ Phone _____

Please identify any known health conditions of which the church should be aware. This may include, but not be limited to, allergies, current medications, and restrictions on play or physical activities.

Medically required dietary restrictions (see paragraph 2 this page)
